

## SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

ME OF SCHOOL: DATE INSPECTION CONDUCTED: INSPECTOR'S NAME & TITLE:

12	·	c -me Fk
INST	RUCTIONS: This checklist should be used for inspecting major areas relative to safety and health in and around S	CPS facilities. Each
ques	tion should be answered either "YES", "NO", or "NA".	
9.0		(Yes No
1.	Are there adequate mats at entrances?	(Yes) No
2	Are all exterior doors tested weekly for ease of operation/locking and phoper closure.	Yes No
3	Do all exit doors close securely by themselves?	Yes No
A	A all authorizes in place and illuminated?	Yes No
		(Yes No
6.	Are all windows free of cracks and broken glass?	(les) No
7.	Are door props around exterior doors removed from premises:  Are all windows free of cracks and broken glass?  Are all HVAC equipment such as pipes, ducts, air intakes, diffusers, s a am lines and other heat sources:  Are all HVAC equipment such as pipes, ducts, air intakes, diffusers, s a am lines and other heat sources:	(Yes) No
10		Yes No
	The state of the s	Yes No NA
0	(b) properly insulated and separated from all companies the constitution of the control of the c	Yes No
		(Yes)No
		(Yes No
10.	Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?	
11.	(a) have first aid personnel received bloodborne pathogens train n !?	(Yes) No
10	(a) have first aid personnel received bloodborne pathogens train nu?  Are the following areas free of accumulations of waste paper, rubbish it is furniture, stage scenery, flamma	iple liquids and
12.	other debris?	S NA NA
	(a) Mechanical Rooms and Electrical Panels?	(Yes) No NA
	(b) Stage/Doorways/Exits?	(Yes)No NA
	( ) Deserve (Lookor Rooms)	Yes No NA
45	A TOTAL ALGER TENA ALGERIA TOTAL MUSTALISIS SHOUND IN HIGH STATE OF THE TOTAL TOTAL AND A STATE OF THE STATE	Yes No NA
13.		Yes No NA
14.		Yes No NA
45	the are inventory boon taken within the past year for all chemicals; villate is the inventory.	Yes No NA
40	A second exist some with poli-closing covers/ligs used for storage; ii) olly/compassio waster	Yes No NA
		Yes No NA
		Yes No NA
4.0	A The Antiberration of the Control o	(Yes)No NA
		Ses No NA
0.4	the size extinguishers have fire extinguishers have furned unside down and returned to it on proper place.	Yes No NA
21	Have all filters on HVAC equipment been checked? DATE:	(Yes No NA
		Yes No NA
0.4	Lieux the grounds been inspected for diass, but holes, butson try, or it y of the recent than	Yes No NA
		Yes No NA Yes No NA
Z0	Was a separate monthly playground inspection was conducted and documented?	Tes No NA
7.0	. Was a sendide monthly beals, and a sense was a sense of the sense of	

RETAIN ORIGINAL OF MONTHLY INSPECTION REPORT IN SCI. DOL FILES; SUBMIT MONTHLY COPY TO:

Director of Operations, Brett N. Beaverson, 207 W. Nain Street, Taylorsville, KY 40071 Phone: 502-477-3250 Fax: 502-477-3259

En al: brett beaverson@spencer.kyschools.us