



# SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

**NAME OF SCHOOL:** middle

**DATE INSPECTION CONDUCTED:** 7-13

**INSPECTOR'S NAME & TITLE:** Dea

**INSTRUCTIONS:** This checklist should be used for inspecting major areas related to safety and health in and around SCPS facilities. Each question should be answered either "YES", "NO", or "NA".

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| 1. Are there adequate mats at entrances? _____   | Yes No           |
| 2. Are all exterior doors tested weekly for ease of operation/locking and proper closure? _____  | Yes No           |
| 3. Do all exit doors close securely by themselves? _____   | Yes No           |
| 4. Are all exit signs in place and illuminated? _____  | Yes No           |
| 5. Are door props around exterior doors removed from premises? _____   | Yes No           |
| 6. Are all windows free of cracks and broken glass? _____  | Yes No           |
| 7. Are all HVAC equipment such as pipes, ducts, air intakes, diffusers, steam lines and other heat sources:  |                  |
| (a) in good serviceable condition and well maintained? _____   | Yes No           |
| (b) properly insulated and separated from all combustible material by a safe distance? _____   | Yes No           |
| 8. Is the outside shut-off valve on the gas supply line marked and readily accessible? _____   | Yes No <u>NA</u> |
| 9. Has the HVAC equipment been serviced within the past year? _____  | Yes No           |
| 10. Is someone on site trained and designated to render first aid, and are supplies readily available? _____                                       | Yes No           |
| 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available? _____  | Yes No           |
| (a) have first aid personnel received bloodborne pathogens training? _____   | Yes No           |
| 12. Are the following areas free of accumulations of waste paper, rubbish, old furniture, stage scenery, flammable liquids and other debris? _____ |                  |
| (a) Mechanical Rooms and Electrical Panels? _____  | Yes No NA        |
| (b) Stage/Doorways/Exits? _____  | Yes No NA        |
| (c) Dressing Rooms / Locker Rooms? _____   | Yes No NA        |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant? _____   | Yes No NA        |
| 14. Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored? _____   | Yes No NA        |
| (a) are MSDS sheets on file in accordance with the hazard communication program? _____   | Yes No NA        |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? _____  | Yes No NA        |
| (a) is the quantity of hazardous chemicals limited as much as practicable? _____   | Yes No NA        |
| 16. Are approved metal cans with self-closing covers/lids used for storage of oily/combustible waste? _____  | Yes No <u>NA</u> |
| 17. Are approved metal safety cans used for gasoline and other similar liquids? _____  | Yes No <u>NA</u> |
| 18. Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated? _____                                     | Yes No NA        |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one? _____                                 | Yes No NA        |
| 20. Have fire extinguishers been inspected or recharged within the last year? _____  | Yes No NA        |
| 21. Have the fire extinguishers been turned upside down and returned to their proper place? _____  | Yes No NA        |
| 22. Have all filters on HVAC equipment been checked? DATE: <u>3-13</u>   | Yes No NA        |
| 23. Is all floor tile and carpet intact? _____   | Yes No NA        |
| 24. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition? _____                                      | Yes No NA        |
| 25. Are areas around toilets, sinks and water fountains free of leaks? _____   | Yes No NA        |
| 26. Was a separate monthly playground inspection was conducted and documented? _____   | Yes No <u>NA</u> |

RETAIN ORIGINAL OF MONTHLY INSPECTION REPORT IN SCHOOL FILES; SUBMIT MONTHLY COPY TO:

Director of Operations, Brett N. Beaverson, 207 W. Main Street, Taylorsville, KY 40071  
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