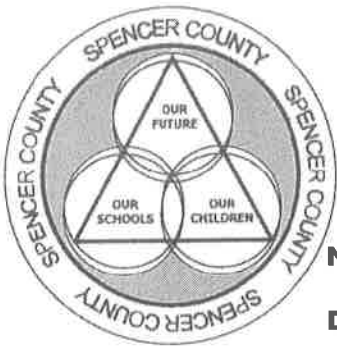




## SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL:

Preschool

DATE INSPECTION CONDUCTED:

8-5-13

INSPECTOR'S NAME & TITLE:

Jim Oliver

**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".

- |                                                                                                                                              |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1. Are there adequate mats at entrances?                                                                                                     | <u>Yes</u> No           |
| 2. Are all exterior doors tested weekly for ease of operation/locking and proper closure?                                                    | <u>Yes</u> No           |
| 3. Do all exit doors close securely by themselves?                                                                                           | <u>Yes</u> No           |
| 4. Are all exit signs in place and illuminated?                                                                                              | <u>Yes</u> No           |
| 5. Are door props around exterior doors removed from premises?                                                                               | <u>Yes</u> No           |
| 6. Are all windows free of cracks and broken glass?                                                                                          | <u>Yes</u> 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?                                                                                       | <u>Yes</u> No           |
| (b) properly insulated and separated from all combustible material by a safe distance?                                                       | <u>Yes</u> 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?                                                                                | <u>Yes</u> No           |
| 10. Is someone on site trained and designated to render first aid, and are supplies readily available?                                       | <u>Yes</u> No           |
| 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?                                          | <u>Yes</u> No           |
| (a) have first aid personnel received bloodborne pathogens training?                                                                         | <u>Yes</u> 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?                                                                                                  | <u>Yes</u> No NA        |
| (b) Stage/Doorways/Exits?                                                                                                                    | <u>Yes</u> No NA        |
| (c) Dressing Rooms / Locker Rooms?                                                                                                           | Yes No <u>NA</u>        |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant?                                           | Yes No <u>NA</u>        |
| 14. Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored?                                                     | Yes No <u>NA</u>        |
| (a) are MSDS sheets on file in accordance with the hazard communication program?                                                             | <u>Yes</u> No NA        |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>absent</u>                                | <u>Yes</u> No NA        |
| (a) is the quantity of hazardous chemicals limited as much as practicable?                                                                   | <u>Yes</u> No <u>NA</u> |
| 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?                                     | <u>Yes</u> No NA        |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?                                 | <u>Yes</u> No NA        |
| 20. Have fire extinguishers been inspected or recharged within the last year?                                                                | <u>Yes</u> No NA        |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>July</u>                                                                       | <u>Yes</u> No NA        |
| 22. Is all floor tile and carpet intact?                                                                                                     | <u>Yes</u> No NA        |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?                                      | <u>Yes</u> No NA        |
| 24. Are areas around toilets, sinks and water fountains free of leaks?                                                                       | <u>Yes</u> No NA        |
| 25. Was a separate monthly playground inspection was conducted and documented?                                                               | Yes <u>No</u> NA        |

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  
Phone: 502-477-3250 Fax: 502-477-3259 Email: [brett.beaverson@spencer.kyschools.us](mailto:brett.beaverson@spencer.kyschools.us)