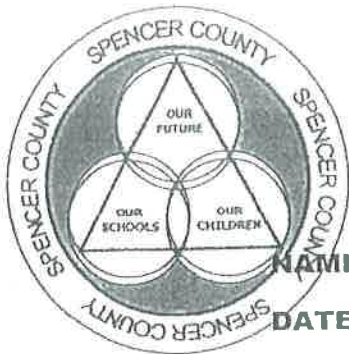




SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL: _____

DATE INSPECTION CONDUCTED: _____

INSPECTOR'S NAME & TITLE: _____

S.C.E.S

9-3-13

Joyce LaBraney

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? _____ 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 NA
8. Is the outside shut-off valve on the gas supply line marked and readily accessible? _____ Yes No
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? _____ Yes No NA
(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 NA
17. Are approved metal safety cans used for gasoline and other similar liquids? _____ Yes No NA
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: _____ 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 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