

# SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

**NAME OF SCHOOL:** middle

**DATE INSPECTION CONDUCTED:** march 2015

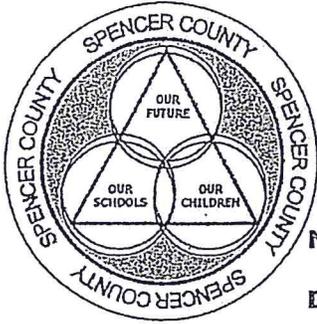
**INSPECTOR'S NAME & TITLE:** Dec

**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?  | <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?   | <u>Yes</u> | 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 <u>NA</u> |
| (b) Stage/Doorways/Exits?  | <u>Yes</u> | No <u>NA</u> |
| (c) Dressing Rooms / Locker Rooms?   | <u>Yes</u> | No <u>NA</u> |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant?   | <u>Yes</u> | No <u>NA</u> |
| 14. Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored?   | <u>Yes</u> | No <u>NA</u> |
| (a) are MSDS sheets on file in accordance with the hazard communication program?   | <u>Yes</u> | No <u>NA</u> |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>above time clock</u>                      | <u>Yes</u> | No <u>NA</u> |
| (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?  | <u>Yes</u> | No <u>NA</u> |
| 17. Are approved metal safety cans used for gasoline and other similar liquids?  | <u>Yes</u> | No <u>NA</u> |
| 18. Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?                                     | <u>Yes</u> | No <u>NA</u> |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?                                 | <u>Yes</u> | No <u>NA</u> |
| 20. Have fire extinguishers been inspected or recharged within the last year?  | <u>Yes</u> | No <u>NA</u> |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>1-15</u>   | <u>Yes</u> | No <u>NA</u> |
| 22. Is all floor tile and carpet intact?   | <u>Yes</u> | No <u>NA</u> |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?                                      | <u>Yes</u> | No <u>NA</u> |
| 24. Are areas around toilets, sinks and water fountains free of leaks?   | <u>Yes</u> | No <u>NA</u> |
| 25. Was a separate monthly playground inspection was conducted and documented?   | <u>Yes</u> | No <u>NA</u> |

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

Director of Facilities Jim Oliver, 207 W. Main Street, Taylorsville, KY 40071  
 Phone: 502-477-3250      Fax: 502-477-3259      Email: jim.oliver@spencer.kyschools.us



**SPENCER COUNTY PUBLIC SCHOOLS  
BUILDING SAFETY INSPECTION CHECKLIST**

**NAME OF SCHOOL:** \_\_\_\_\_

*S.C.E.S*

**DATE INSPECTION CONDUCTED:** \_\_\_\_\_

*3-6-15*

**INSPECTOR'S NAME & TITLE:** \_\_\_\_\_

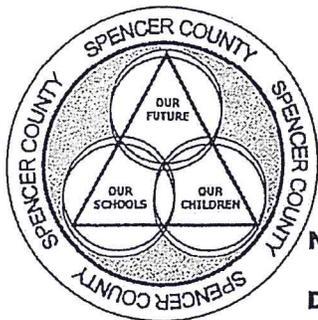
*J. LaBeau*

**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?   | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 2. Are all exterior doors tested weekly for ease of operation/locking and proper closure?  | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 3. Do all exit doors close securely by themselves?   | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 4. Are all exit signs in place and illuminated?  | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 5. Are door props around exterior doors removed from premises?   | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 6. Are all windows free of cracks and broken glass?  | <input checked="" type="radio"/> Yes <input type="radio"/> 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?   | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| (b) properly insulated and separated from all combustible material by a safe distance?   | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 8. Is the outside shut-off valve on the gas supply line marked and readily accessible?   | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| 9. Has the HVAC equipment been serviced within the past year?  | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 10. Is someone on site trained and designated to render first aid, and are supplies readily available?                                       | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?  | <input checked="" type="radio"/> Yes <input type="radio"/> No                          |
| (a) have first aid personnel received bloodborne pathogens training?   | <input checked="" type="radio"/> Yes <input type="radio"/> 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?  | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| (b) Stage/Doorways/Exits?  | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| (c) Dressing Rooms / Locker Rooms?   | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant?   | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| 14. Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored?   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| (a) are MSDS sheets on file in accordance with the hazard communication program?   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>MSDS</u>                                  | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| (a) is the quantity of hazardous chemicals limited as much as practicable?   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 16. Are approved metal cans with self-closing covers/lids used for storage of oily/combustible waste?  | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| 17. Are approved metal safety cans used for gasoline and other similar liquids?  | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| 18. Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?                                     | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?                                 | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 20. Have fire extinguishers been inspected or recharged within the last year?  | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>DEC 2014</u>   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 22. Is all floor tile and carpet intact?   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?                                      | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 24. Are areas around toilets, sinks and water fountains free of leaks?   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |
| 25. Was a separate monthly playground inspection was conducted and documented?   | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA |

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**SPENCER COUNTY PUBLIC SCHOOLS  
BUILDING SAFETY INSPECTION CHECKLIST**

**NAME OF SCHOOL:** Pre School

**DATE INSPECTION CONDUCTED:** 3-9-15

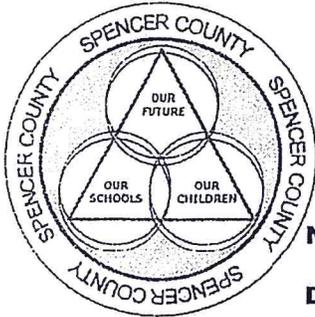
**INSPECTOR'S NAME & TITLE:** Steven Jensen

**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?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 2. Are all exterior doors tested weekly for ease of operation/locking and proper closure?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 3. Do all exit doors close securely by themselves?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 4. Are all exit signs in place and illuminated?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 5. Are door props around exterior doors removed from premises?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6. Are all windows free of cracks and broken glass?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| (b) properly insulated and separated from all combustible material by a safe distance?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 8. Is the outside shut-off valve on the gas supply line marked and readily accessible?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No (NA)                        |
| 9. Has the HVAC equipment been serviced within the past year?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 10. Is someone on site trained and designated to render first aid, and are supplies readily available?                                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| (a) have first aid personnel received bloodborne pathogens training?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| (b) Stage/Doorways/Exits?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| (c) Dressing Rooms / Locker Rooms?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| 14. Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| (a) are MSDS sheets on file in accordance with the hazard communication program?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>Custodian</u>                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| (a) is the quantity of hazardous chemicals limited as much as practicable? <u>closet</u>   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 16. Are approved metal cans with self-closing covers/lids used for storage of oily/combustible waste?  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| 17. Are approved metal safety cans used for gasoline and other similar liquids?  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| 18. Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?                                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 20. Have fire extinguishers been inspected or recharged within the last year?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>12-29-14</u>   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 22. Is all floor tile and carpet intact?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 24. Are areas around toilets, sinks and water fountains free of leaks?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |
| 25. Was a separate monthly playground inspection was conducted and documented?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA            |

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**SPENCER COUNTY PUBLIC SCHOOLS  
BUILDING SAFETY INSPECTION CHECKLIST**

**NAME OF SCHOOL:** \_\_\_\_\_

SCHS

**DATE INSPECTION CONDUCTED:** \_\_\_\_\_

3-9-15

**INSPECTOR'S NAME & TITLE:** \_\_\_\_\_

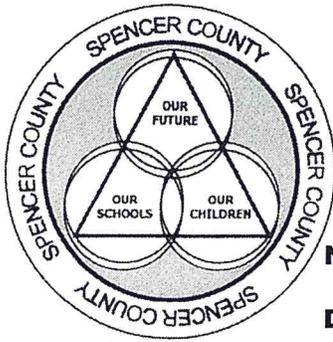
Jessie Harley Custodian

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

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# SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

**NAME OF SCHOOL:** \_\_\_\_\_

TES

**DATE INSPECTION CONDUCTED:** \_\_\_\_\_

3-6-15

**INSPECTOR'S NAME & TITLE:** \_\_\_\_\_

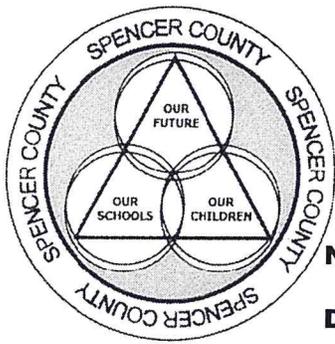
Lynn Sherrard - custodian

**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    |
| 8. Is the outside shut-off valve on the gas supply line marked and readily accessible?   | (Yes) No NA |
| 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? <u>cust. storage</u>                         | (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 all filters on HVAC equipment been checked? DATE: <u>1-15</u>   | (Yes) No NA |
| 22. Is all floor tile and carpet intact?   | (Yes) No NA |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?                                      | (Yes) No NA |
| 24. Are areas around toilets, sinks and water fountains free of leaks?   | (Yes) No NA |
| 25. Was a separate monthly playground inspection was conducted and documented?   | (Yes) No NA |

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**SPENCER COUNTY PUBLIC SCHOOLS  
BUILDING SAFETY INSPECTION CHECKLIST**

**NAME OF SCHOOL:** Hillview  
**DATE INSPECTION CONDUCTED:** 3-9-15  
**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?  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  NA
- 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?
  - (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?
  - (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? Closet
  - (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 all filters on HVAC equipment been checked? DATE: Dec 2014  Yes  No  NA
- 22. Is all floor tile and carpet intact?  Yes  No  NA
- 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?  Yes  No  NA
- 24. Are areas around toilets, sinks and water fountains free of leaks?  Yes  No  NA
- 25. 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:

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