

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL:

SCHS

DATE INSPECTION CONDUCTED:

7-10-15

INSPECTOR'S NAME & TITLE:

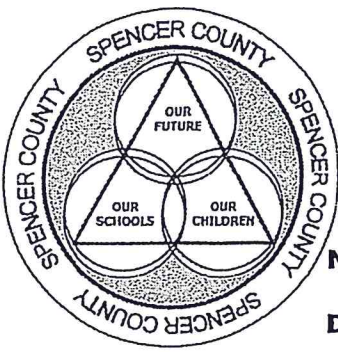
Jessie Harley Custodian

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? ☒ 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? Custodial Room
 - (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: work in progress as we clean Rooms ☒ 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:

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:

Middle

DATE INSPECTION CONDUCTED:

7-15

INSPECTOR'S NAME & TITLE:

Ben

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 <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 <u>NA</u> |
| (b) Stage/Doorways/Exits? | Yes | No <u>NA</u> |
| (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? | Yes | 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> | Yes | No <u>NA</u> |
| (a) is the quantity of hazardous chemicals limited as much as practicable? | Yes | 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? | Yes | No <u>NA</u> |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one? | Yes | No <u>NA</u> |
| 20. Have fire extinguishers been inspected or recharged within the last year? | Yes | No <u>NA</u> |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>4-15</u> | Yes | No <u>NA</u> |
| 22. Is all floor tile and carpet intact? | Yes | No <u>NA</u> |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition? | Yes | No <u>NA</u> |
| 24. Are areas around toilets, sinks and water fountains free of leaks? | Yes | No <u>NA</u> |
| 25. Was a separate monthly playground inspection was conducted and documented? | Yes | No <u>NA</u> |

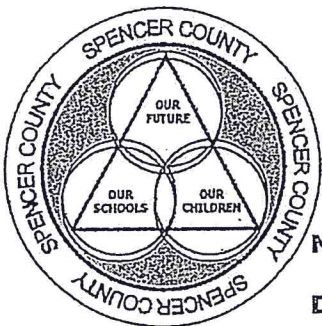
RETAIN ORIGINAL OF MONTHLY INSPECTION REPORT IN SCHOOL FILES; SUBMIT MONTHLY COPY TO:

Director of 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:

7-6-15

INSPECTOR'S NAME & TITLE:

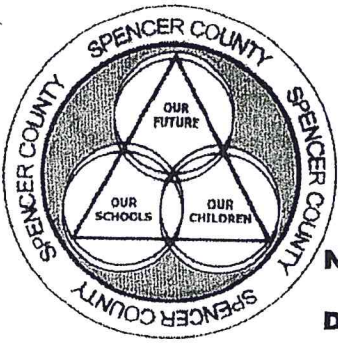
Joyce LaBray

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 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 checked="" 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 checked="" 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 checked="" 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 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: _____ | <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 |

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:

TES

DATE INSPECTION CONDUCTED:

4-7-15

INSPECTOR'S NAME & TITLE:

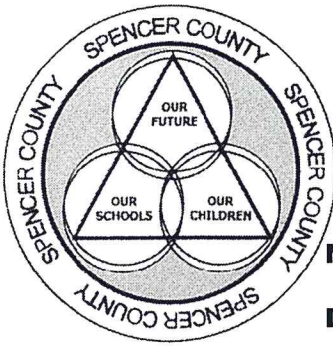
Lynn Sherrard - cust.

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? cust. storage ☒ 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: 7-15 ☒ 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:

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:

Preschool

DATE INSPECTION CONDUCTED:

7-7-15

INSPECTOR'S NAME & TITLE:

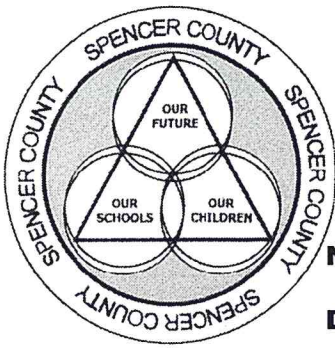
Jim Oliver

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

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:

Hillview

DATE INSPECTION CONDUCTED:

7-7-15

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? lounge ☒ 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: 7-2-15 ☒ 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:

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