

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

OUR OUR CHILDREN	\tilde{g}	
	NAME OF SCHOOL:	Middle
SPENCER COUNTY	DATE INSPECTION CONDUCTED:	9-15
	INSPECTOR'S NAME & TITLE:	Du

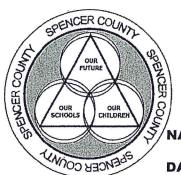
<u>INSTRUCTIONS</u>: This checklist should be used for inspecting major areas related to safety and health in and around SCPS facilities. Each question should be answered either "YES", "NO", or "NA".

3.	Are all exterior doors tested weekly for ease of operation/locking and proper closure? Do all exit doors close securely by themselves?	Yes Yes Yes Yes	No No	
	Are door props around exterior doors removed from premises?	<u>Yeş</u>	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		
	(b) properly insulated and separated from all combustible material by a safe distance?	<u>Yes</u>		
8.	Is the outside shut-off valve on the gas supply line marked and readily accessible?	Yes		<u>NA</u>
9.	Has the HVAC equipment been serviced within the past year?	Yes		
10.	Is someone on site trained and designated to render first aid, and are supplies readily available?	Yes		
11.	Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?	Yes		
	(a) have first aid personnel received bloodborne pathogens training?	Yes		
12.	Are the following areas free of accumulations of waste paper, rubbish, old furniture, stage scenery, flammable light	uids	and	
	other debris?			
	(a) Medianical Rooms and Electroal Fancies	Yes		
	(b) Glago Door way or Exito:	Yes		
	(C) Diessing Notitis / Looker Notitis:	Yes Yes		
13.	Are areas beneath stails nee of storage materials and are stailed same same same same same same same same	Yes		
14.	Ale all chefficals (clearling fractitals, gasonito, ston) tabolog and property	Yes		
15.	Has an inventory been taken within the past year for all chemicals? Where is the inventory? about time clack-	Yes	No	NIA
172	(a) is the duality of hazardous orientials innited as mash as prastisants.	Yes		
16.	Ale approved metal odilo with oon closing coverence and in starting	Yes		
17.	Ale applituded filetal safety datis used for gasonine and other circular inquises.	Yes		-
18.	Ale all electifical pariets and circuits properly labeled, choolively closed, cooking, since any since and since any since and since any	Yes		
19.	Ale life extinguishers available in that no more than 100 lost that of distance is 15 quintal to	Yes		
20.	riave life extinguishers been inspected of recharged within the last year.	Yes		
	Trave all filters of TVAO equipment been oneoned.	Yes		
22.	is all libbi tile allu bat bet ilitabt:	Yes		
23.	Tiave the grounds been inspected for glace, per holder percent of a surface that grant and a surface the grounds been inspected for glace, per holder,	Yes.		
24.	Ale diedo diodia folicio, sinko dia vatorioditante nos er isake.	Yes		
25.	Was a separate monthly playground inspection was conducted and documented?	. 00		ښن

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: ()_

INSPECTOR'S NAME & TITLE:

Brenda Strap Custodiam

<u>INSTRUCTIONS</u>: 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?	(Yés)	No	
2.	Are all exterior doors tested weekly for ease of operation/locking and proper closure?	Yes		
3.	Do all exit doors close securely by themselves?	Yes		
4.	Are all exit signs in place and illuminated?	Yes		
5.	Are door props around exterior doors removed from premises?	Yes		
6.	Are all windows free of cracks and broken glass?	Yes		
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		
8.	Is the outside shut-off valve on the gas supply line marked and readily accessible?	Yes		NA
9.	Has the HVAC equipment been serviced within the past year?	Yes		
10.	Is someone on site trained and designated to render first aid, and are supplies readily available?	Yes		
11.	Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?	Yes		
	(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		
	(c) Dressing Rooms / Locker Rooms?	Yes I	No	(NA)
13.	Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant?	11		
14.		Yes I	No	NA
	(a) are MSDS sheets on file in accordance with the hazard communication program?	Yes		
15.	The past four for all provided in the little of the first the firs	(Yes)	No	NA
4.0	(a) is the quantity of nazardous 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 I		
18.	Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?	Yes 1	No	NA
19.	Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?	Yes 1	Vo	NA
20.	Have fire extinguishers been inspected or recharged within the last year?	Yes 1	Vo	NA
21.	Have all filters on HVAC equipment been checked? DATE:	Yes 1		
	Is all floor tile and carpet intact?	(Yes)		
23.	Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?	(Yes)		
24.	Are areas around toilets, sinks and water fountains free of leaks?	Yes N		
20.	Was a separate monthly playground inspection was conducted and documented?	Yes N	10(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 COUNT ENCER COUNTY

SPENCER COUNTY PUBLIC SCHOOLS

es No NA

Yes No NA

(Yes) No NA

(Yes)No NA

Yes No NA

Yes No(NA

BUILDING SAFETY INSPECTION CHECKLIST NAME OF SCHOOL: **DATE INSPECTION CONDUCTED: INSPECTOR'S NAME & TITLE:** 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? No (2. Are all exterior doors tested weekly for ease of operation/locking and proper closure? 3. Do all exit doors close securely by themselves? 4. Are all exit signs in place and illuminated? 5. Are door props around exterior doors removed from premises? 6. Are all windows free of cracks and broken glass? 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 Yes) No (b) properly insulated and separated from all combustible material by a safe distance? 8. Is the outside shut-off valve on the gas supply line marked and readily accessible? No NA Has the HVAC equipment been serviced within the past year? es No 10. Is someone on site trained and designated to render first aid, and are supplies readily available? 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available? Yes No (a) have first aid personnel received bloodborne pathogens training? 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? (c) Dressing Rooms / Locker Rooms? Yes No NA Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant? Yes No (NA) 13. Yes) No NA Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored? 14. (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? Roomeres No NA (es) No NA (a) is the quantity of hazardous chemicals limited as much as practicable? 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 Yes No NA 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?

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

20. Have fire extinguishers been inspected or recharged within the last year?

25. Was a separate monthly playground inspection was conducted and documented?

24. Are areas around toilets, sinks and water fountains free of leaks?

22. Is all floor tile and carpet intact?

21. Have all filters on HVAC equipment been checked? DATE: 7-31-15 all Filters changed

23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?

SPENCER COLWITTED TO THE PROPERTY OF THE PROPE

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL:

TES

DATE INSPECTION CONDUCTED:

9-4-15

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	2 NI	
2.	Are all exterior doors tested weekly for ease of operation/locking and proper closure?	Yes		
3.	Do all exit doors close securely by themselves?	Yes		
4.	Are all exit signs in place and illuminated?			
5.	Are door props around exterior doors removed from premises?	THE STATE OF THE S		
6.	Are all windows free of cracks and broken glass?	Yes		
7.	Are all HVAC equipment such as pipes, ducts, air intakes, diffusers, steam lines and other heat sources:	Yes	IVC)
	(a) in good serviceable condition and well maintained?	(Vi-	111-	
	(b) properly insulated and separated from all combustible material by a safe distance?	Yes		
8.	Is the outside shut-off valve on the gas supply line marked and readily accessible?	Yes		
9.	Has the HVAC equipment been serviced within the past year?	(Yes)		
		Yes		
11	Is someone on site trained and designated to render first aid, and are supplies readily available?	Yes		
ι.	Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available?	Yes	No	
12	(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 other debris?	liquids	and	d
	(a) Mechanical Rooms and Electrical Panels?	Yes		
	(b) Stage/Doorways/Exits?	Yes		
10	(c) Dressing Rooms / Locker Rooms?	Yes		
13.	and are defined to the control of th	Yes		
14.	foresting thateheld gasemis story labeled alla proporty offica;	Yes		
45	(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 storag</u>			
10	(a) is the quantity of hazardous chemicals limited as much as practicable?	Yes		
10.	Are approved metal cans with self-closing covers/lids used for storage of oily/combustible waste?		No	
	Are approved metal safety cans used for gasoline and other similar liquids?		No	WA)
١٥.	Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?	Yes		
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		
	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 I		
	Are areas around toilets, sinks and water fountains free of leaks?	Yes, I		
25.	Was a separate monthly playground inspection was conducted and documented?	(Yes I	No	NA

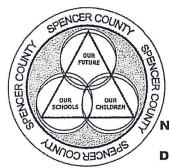
RETAIN ORIGINAL OF MONTHLY INSPECTION REPORT IN SCHOOL FILES; SUBMIT MONTHLY COPY TO:

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:

Pre School

DATE INSPECTION CONDUCTED:

Heven Lewis.

INSPECTOR'S NAME & TITLE:

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?	(Yés) No)
2.	Are all exterior doors tested weekly for ease of operation/locking and proper closure?	Yes		
3.	Do all exit doors close securely by themselves?	Yes	No)
4.	Are all exit signs in place and illuminated?	Yes		
5.	Are door props around exterior doors removed from premises?	Yes		
6.	Are all windows free of cracks and broken glass?	Yes		
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		
8.	Is the outside shut-off valve on the gas supply line marked and readily accessible?	Yes		
9.	Has the HVAC equipment been serviced within the past year?	Yes		
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		
12.	Are the following areas free of accumulations of waste paper, rubbish, old furniture, stage scenery, flammable I	iquids	and	t
	other debris?			
	(a) Mechanical Rooms and Electrical Panels?	Yes	No	NA
	(b) Stage/Doorways/Exits?	Yes	No	NA
8.9	(c) Dressing Rooms / Locker Rooms?	Yes	No	OVA
13.		Yes	No	ONA
14.	Are all chemicals (cleaning materials, gasoline, etc) labeled and properly stored?	Yes		
	(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? Custodian	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		
17.	Are approved metal safety cans used for gasoline and other similar liquids?	Yes		
18.	Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?	Yes		
19.	Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one?	Yes		
20.	Have fire extinguishers been inspected or recharged within the last year?	Yes		
21.	Have all filters on HVAC equipment been checked? DATE: 7-6-15	Yes		
22.	Is all floor tile and carpet intact?	Yes		
23.	Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?	Yes		
24.	Are areas around toilets, sinks and water fountains free of leaks?	Yes		
Z 0.	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

OUR PUTURE PUTUR

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL:

S.C.E.S

DATE INSPECTION CONDUCTED:

9-1-15

INSPECTOR'S NAME & TITLE:

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?	CYES 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
	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:	<u> </u>
	(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
	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>m505</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 WA
7.	Are approved metal safety cans used for gasoline and other similar liquids?	Yes No WA
8.	Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated?	(Yes) No NA
9.	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: July 2015.	(es) No NA
2.	Is all floor tile and carpet intact?	Yes No NA
3.	Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition?	Yes No NA
4.	Are areas around toilets, sinks and water fountains free of leaks?	Yes No NA
5.	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