

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL:

SCHS

DATE INSPECTION CONDUCTED:

12-6-19

INSPECTOR'S NAME & TITLE:

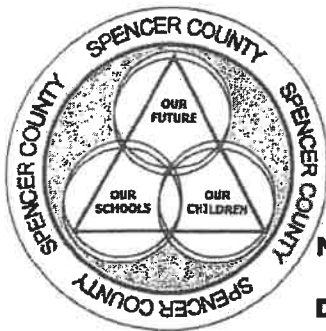
Marvin Ferris (Custodian)

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?
(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 all filters on HVAC equipment been checked? ☒ Yes ☐ No ☐ NA DATE: 12-6-19 (changed)
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: S.C.E.S

DATE INSPECTION CONDUCTED: 12-6-19

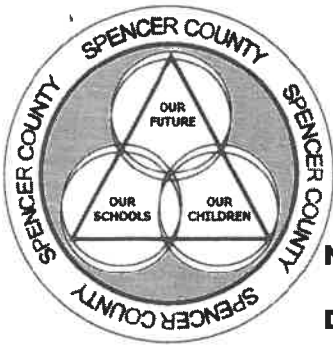
INSPECTOR'S NAME & TITLE: J. LaBraney Custodian

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: | Yes No |
| (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 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? | 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 all filters on HVAC equipment been checked? DATE: <u>Oct 2019</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 |

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:

Old Preschool Building

DATE INSPECTION CONDUCTED:

12/6/19

INSPECTOR'S NAME & TITLE:

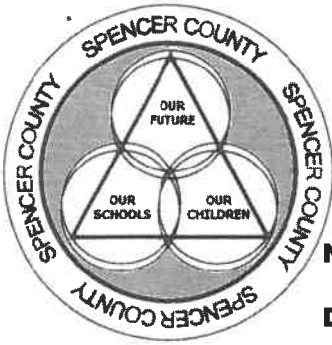
Jim Oliver

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 ☒ 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: oct ☒ 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:

Hillview

DATE INSPECTION CONDUCTED:

12/16/19

INSPECTOR'S NAME & TITLE:

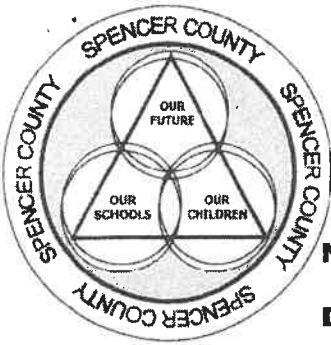
Jim Oliver

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: out ☒ 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:

TES

DATE INSPECTION CONDUCTED:

12-4-19

INSPECTOR'S NAME & TITLE:

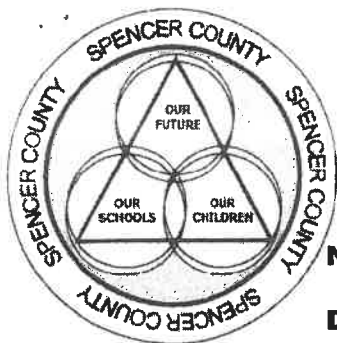
Mike Shannon / Lvs2

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?
(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? receiving ☒ 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: 10/19 ☒ 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:

Old Tes

DATE INSPECTION CONDUCTED:

12-5-19

INSPECTOR'S NAME & TITLE:

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

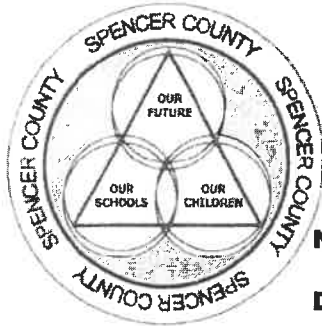
RETAIN ORIGINAL OF MONTHLY INSPECTION REPORT IN SCHOOL FILES: SUBMIT MONTHLY COPY TO:

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: SCMS

DATE INSPECTION CONDUCTED: 12-3-19

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

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