

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL: SCMS

DATE INSPECTION CONDUCTED: 5-5-2020

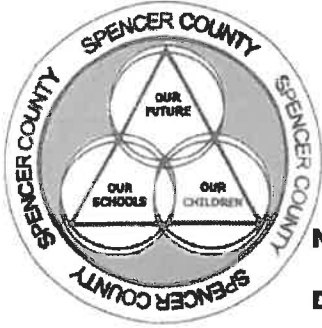
INSPECTOR'S NAME & TITLE: Tina Blain (Custodian)

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>Custodia</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>5-5-2020</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: SC HS

DATE INSPECTION CONDUCTED: 5-5-20

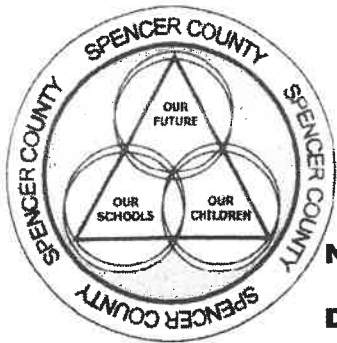
INSPECTOR'S NAME & TITLE: Angie Cummings

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"/> | No |
| 2. Are all exterior doors tested weekly for ease of operation/locking and proper closure? | <input checked="" type="radio"/> | No |
| 3. Do all exit doors close securely by themselves? | <input checked="" type="radio"/> | No |
| 4. Are all exit signs in place and illuminated? | <input checked="" type="radio"/> | No |
| 5. Are door props around exterior doors removed from premises? | <input checked="" type="radio"/> | No |
| 6. Are all windows free of cracks and broken glass? | <input checked="" 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"/> | No |
| (b) properly insulated and separated from all combustible material by a safe distance? | <input checked="" type="radio"/> | No |
| 8. Is the outside shut-off valve on the gas supply line marked and readily accessible? | <input checked="" type="radio"/> | No NA |
| 9. Has the HVAC equipment been serviced within the past year? | <input checked="" type="radio"/> | No |
| 10. Is someone on site trained and designated to render first aid, and are supplies readily available? | <input checked="" type="radio"/> | No |
| 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available? | <input checked="" type="radio"/> | No |
| (a) have first aid personnel received bloodborne pathogens training? | <input checked="" 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"/> | No NA |
| (b) Stage/Doorways/Exits? | <input checked="" type="radio"/> | No NA |
| (c) Dressing Rooms / Locker Rooms? | <input checked="" type="radio"/> | No NA |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant? | <input checked="" type="radio"/> | No NA |
| 14. Are all chemicals (cleaning materials, gasoline, etc.) labeled and properly stored? | <input checked="" type="radio"/> | No NA |
| (a) are MSDS sheets on file in accordance with the hazard communication program? | <input checked="" type="radio"/> | No NA |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>Rest-Closet</u> | <input checked="" type="radio"/> | No NA |
| (a) is the quantity of hazardous chemicals limited as much as practicable? | <input checked="" type="radio"/> | No NA |
| 16. Are approved metal cans with self-closing covers/lids used for storage of oily/combustible waste? | <input checked="" type="radio"/> | No NA |
| 17. Are approved metal safety cans used for gasoline and other similar liquids? | <input checked="" type="radio"/> | No NA |
| 18. Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated? | <input checked="" type="radio"/> | 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"/> | No NA |
| 20. Have fire extinguishers been inspected or recharged within the last year? | <input checked="" type="radio"/> | No NA |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>APRIL 2020</u> | <input checked="" type="radio"/> | No NA |
| 22. Is all floor tile and carpet intact? | <input checked="" type="radio"/> | No NA |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition? | <input checked="" type="radio"/> | No NA |
| 24. Are areas around toilets, sinks and water fountains free of leaks? | <input checked="" type="radio"/> | No NA |
| 25. Was a separate monthly playground inspection was conducted and documented? | <input checked="" type="radio"/> | No NA |

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

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 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: _____

5-4-20

INSPECTOR'S NAME & TITLE: _____

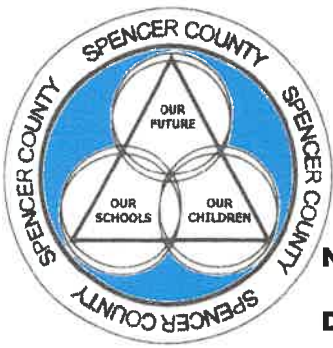
Mike Shannon / Custodian

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

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SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL: _____

Hillview

DATE INSPECTION CONDUCTED: _____

5/4/20

INSPECTOR'S NAME & TITLE: _____

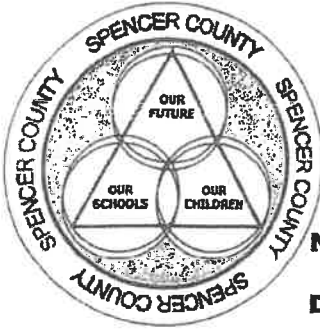
Jim Oliver

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? | 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>lounge</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>April</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: S.C.F.S

DATE INSPECTION CONDUCTED: 5-4-2020

INSPECTOR'S NAME & TITLE: J. LaBeau 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? <i>above time clock</i> | 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>April 2020</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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