

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL: ELC

DATE INSPECTION CONDUCTED: 12-7-21

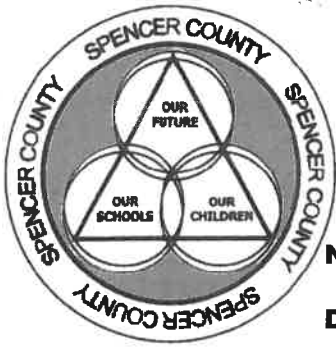
INSPECTOR'S NAME & TITLE: Jim Oliver

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: | 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 |
| 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? <u>closet</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>12-21</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:

Spencer County High School

DATE INSPECTION CONDUCTED:

12-7-21

INSPECTOR'S NAME & TITLE:

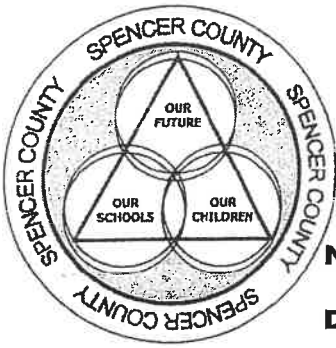
Kenny Knott Head Custodian

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".

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|--|-----------|
| 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>custodian's room</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>12-1-21</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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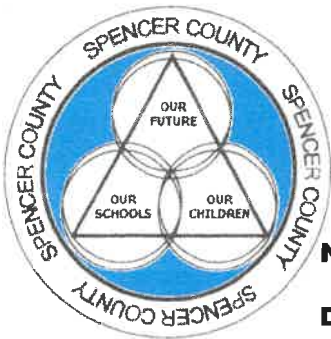
NAME OF SCHOOL: Scms
DATE INSPECTION CONDUCTED: 12-3-21
INSPECTOR'S NAME & TITLE: Rodney Sidebottom II Cust.

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".

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| 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>Custodial office</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>10-21</u> | Yes No NA |
| 22. Is all floor tile and carpet intact? | Yes No NA |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition? | Yes No NA |
| 24. Are areas around toilets, sinks and water fountains free of leaks? | Yes No NA |
| 25. Was a separate monthly playground inspection was conducted and documented? | Yes No NA |

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SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

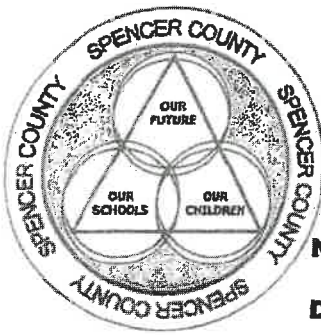
NAME OF SCHOOL: Hillview
DATE INSPECTION CONDUCTED: 12-3-21
INSPECTOR'S NAME & TITLE: Jim Oliver

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".

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|--|------------------|
| 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 |
| 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? <u>closet</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>Oct</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.E.S

DATE INSPECTION CONDUCTED: 12-3-21

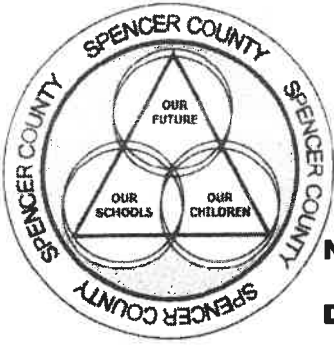
INSPECTOR'S NAME & TITLE: J. ToBeary Custodian

INSTRUCTIONS: This checklist should be used for inspecting major areas related to safety and health in and around SCS 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? above time clock
 - (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: ret 2021 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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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: 12-3-21

INSPECTOR'S NAME & TITLE: Mike Shannon / 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? | 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>receiving</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>10-21</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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