

SPENCER COUNTY PUBLIC SCHOOLS BUILDING SAFETY INSPECTION CHECKLIST

NAME OF SCHOOL: Hill View

DATE INSPECTION CONDUCTED: 8-21-23

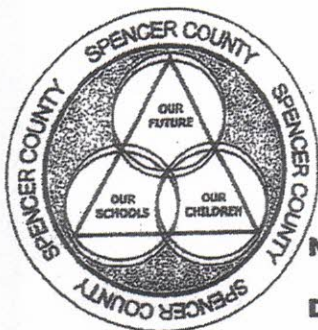
INSPECTOR'S NAME & TITLE: Tim

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>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>Summer/June</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:

Early Learning Center

DATE INSPECTION CONDUCTED:

8-21-23

INSPECTOR'S NAME & TITLE:

Margie Stump Head Custodian

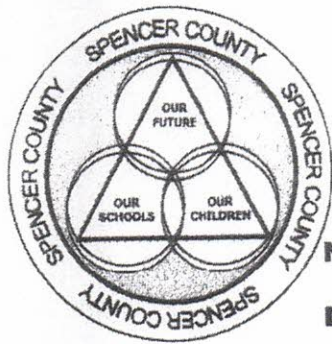
INSTRUCTIONS: This checklist should be used for inspecting major areas related to safety and health in and around SCPS facilities. Each question should be answered either "YES", "NO", or "NA".

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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? <i>Cust. Room</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: <i>June 23</i> | 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: T. E. S.

DATE INSPECTION CONDUCTED: 8-10-23

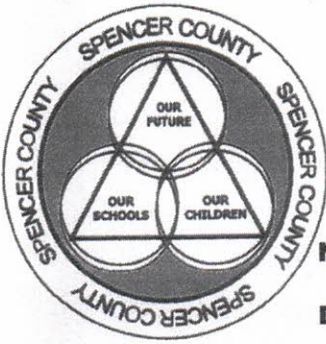
INSPECTOR'S NAME & TITLE: Shelia Sidebottom / Custodian

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>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>7-12-23</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: SCHS

DATE INSPECTION CONDUCTED: 8-10-23

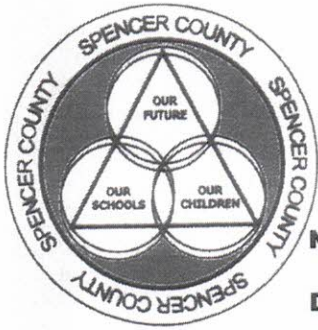
INSPECTOR'S NAME & TITLE: James Elmore Custodian

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? (b) properly insulated and separated from all combustible material by a safe distance? | Yes No Yes No 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? (a) have first aid personnel received bloodborne pathogens training? | Yes No 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? (b) Stage/Doorways/Exits? (c) Dressing Rooms / Locker Rooms? | Yes No NA Yes No NA 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 Yes No NA |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>Custodian class</u> (a) is the quantity of hazardous chemicals limited as much as practicable? | Yes No NA 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>7-10-23</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.M.S

DATE INSPECTION CONDUCTED: 8-21-23

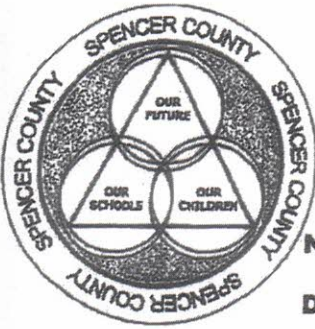
INSPECTOR'S NAME & TITLE: Rodney Sidebottom maint.

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

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----|----------------------------------------|
| 1. Are there adequate mats at entrances? | <input checked="" type="radio"/> | Yes | No |
| 2. Are all exterior doors tested weekly for ease of operation/locking and proper closure? | <input checked="" type="radio"/> | Yes | No |
| 3. Do all exit doors close securely by themselves? | <input checked="" type="radio"/> | Yes | No |
| 4. Are all exit signs in place and illuminated? | <input checked="" type="radio"/> | Yes | No |
| 5. Are door props around exterior doors removed from premises? | <input checked="" type="radio"/> | Yes | No |
| 6. Are all windows free of cracks and broken glass? | <input checked="" type="radio"/> | Yes | No |
| 7. Are all HVAC equipment such as pipes, ducts, air intakes, diffusers, steam lines and other heat sources: | | | |
| (a) in good serviceable condition and well maintained? | <input checked="" type="radio"/> | Yes | No |
| (b) properly insulated and separated from all combustible material by a safe distance? | <input checked="" type="radio"/> | Yes | No |
| 8. Is the outside shut-off valve on the gas supply line marked and readily accessible? | <input checked="" type="radio"/> | Yes | No <input checked="" type="radio"/> NA |
| 9. Has the HVAC equipment been serviced within the past year? | <input checked="" type="radio"/> | Yes | No |
| 10. Is someone on site trained and designated to render first aid, and are supplies readily available? | <input checked="" type="radio"/> | Yes | No |
| 11. Are bloodborne pathogens materials (red bags/gloves/sharps containers, etc.) readily available? | <input checked="" type="radio"/> | Yes | No |
| (a) have first aid personnel received bloodborne pathogens training? | <input checked="" type="radio"/> | Yes | No |
| 12. Are the following areas free of accumulations of waste paper, rubbish, old furniture, stage scenery, flammable liquids and other debris? | | | |
| (a) Mechanical Rooms and Electrical Panels? | <input checked="" type="radio"/> | Yes | No NA |
| (b) Stage/Doorways/Exits? | <input checked="" type="radio"/> | Yes | No NA |
| (c) Dressing Rooms / Locker Rooms? | <input checked="" type="radio"/> | Yes | No NA |
| 13. Are areas beneath stairs free of storage materials and are stairs sufficiently slip resistant? | <input checked="" type="radio"/> | Yes | No NA |
| 14. Are all chemicals (cleaning materials, gasoline, etc..) labeled and properly stored? | <input checked="" type="radio"/> | Yes | No NA |
| (a) are MSDS sheets on file in accordance with the hazard communication program? | <input checked="" type="radio"/> | Yes | No NA |
| 15. Has an inventory been taken within the past year for all chemicals? Where is the inventory? <u>Custodial</u> | <input checked="" type="radio"/> | Yes | No NA |
| (a) is the quantity of hazardous chemicals limited as much as practicable? | <input checked="" type="radio"/> | Yes | No NA |
| 16. Are approved metal cans with self-closing covers/lids used for storage of oily/combustible waste? | <input checked="" type="radio"/> | Yes | No <input checked="" type="radio"/> NA |
| 17. Are approved metal safety cans used for gasoline and other similar liquids? | <input checked="" type="radio"/> | Yes | No <input checked="" type="radio"/> NA |
| 18. Are all electrical panels and circuits properly labeled, effectively closed, secured, and arc rated? | <input checked="" type="radio"/> | Yes | No NA |
| 19. Are fire extinguishers available in that no more than 100 feet travel distance is required to reach one? | <input checked="" type="radio"/> | Yes | No NA |
| 20. Have fire extinguishers been inspected or recharged within the last year? | <input checked="" type="radio"/> | Yes | No NA |
| 21. Have all filters on HVAC equipment been checked? DATE: <u>4-2023</u> | <input checked="" type="radio"/> | Yes | No NA |
| 22. Is all floor tile and carpet intact? | <input checked="" type="radio"/> | Yes | No NA |
| 23. Have the grounds been inspected for glass, pot holes, poison ivy, or any other hazardous condition? | <input checked="" type="radio"/> | Yes | No NA |
| 24. Are areas around toilets, sinks and water fountains free of leaks? | <input checked="" type="radio"/> | Yes | No NA |
| 25. Was a separate monthly playground inspection was conducted and documented? | <input checked="" type="radio"/> | Yes | No <input checked="" type="radio"/> 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:

S.C.E.S

DATE INSPECTION CONDUCTED:

8-10-23

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:
 - (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
9. Has the HVAC equipment been serviced within the past year? Yes No NA
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: April 2023 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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