
School Safety Checklist

Location: _____

Date of Inspection: _____

Conducted By: _____

AREA	YES	NO	N/A
I. ENTRANCES & EXITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Is lighting adequate with no glare or shadows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is inclement weather protection provided, i.e., mats, safety strips, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are tripping hazards eliminated, i.e., threshold plates in good repair, absence of cords, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can all exit doors be opened easily from the inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all exit lights working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are exits adequate, properly identified, and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. STAIRS AND HALLWAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Is housekeeping adequate, i.e., floor dressing properly applied, adequate sweeping and pick-up procedures, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is lighting adequate to eliminate glare and shadows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are treads in good repair and of nonskid materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all handrails provided on both sides and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are hallways and stairs free of storage materials, equipment, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are ramps provided with nonskid surface and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. CLASSROOMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Is housekeeping adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are desks, chairs, and tables in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are floors in good condition and not slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are potential hazards observable, i.e., extension cords across aisle, improperly grounded electrical equipment, venetian blinds/roller shades in good repair, drapes hanging properly and working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the storage of combustible materials kept to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. SHOPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Are tools in good condition and properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- 2. Are all machines properly guarded and are guards and machines in good repair (points of operation, belts, gears, etc., guarded)?
 - 3. Are self-closing containers (safety cans) available for storage of flammable liquids in use?
 - 4. Are heavy items stored on floor or bottom shelves?
 - 5. Is personal protective equipment provided and utilized?
 - 6. Is Housekeeping adequate?
 - 7. Are nonskid floor surfaces provided by or near machines?
 - 8. Is all electrical equipment properly grounded and in good repair?
 - 9. Are machines all unplugged while unattended?
 - 10. Are brushes used for cleaning equipment?
 - 11. Is adequate space available for safe operation, i.e., machines and equipment arranged properly and not crowded?
 - 12. Is the shop adequately ventilated?
 - 13. Is proper ventilation provided for toxic vapors, i.e., solder, paint, etc.?

V. LABORATORIES AND LABORATORY STOREROOMS

- 1. Is the amount of glassware and chemicals kept to a minimum in work areas?
- 2. Is the housekeeping satisfactory?
- 3. Is all electrical equipment properly grounded?
- 4. Is eye protection available and worn when needed?
- 5. Are ladders available in storage room if needed?
- 6. Are heavy items stored on lower shelves?
- 7. Are chemicals kept at a sufficient operating level-not overstocked?
- 8. Are chemicals clearly labeled?
- 9. Are expiration or removal dates indicated on hazardous chemical?
- 10. Are large containers of acids stored together on bottom shelves or in an acid storage closet?
- 11. Is the ventilation adequate for work performed?
- 12. Do all storage areas have a hazard warning label?

VI. KITCHEN AND DINING AREA

- 1. Is the working area adequately lighted?

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|---|--------------------------|--------------------------|--------------------------|
| 2. Is the housekeeping satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are floors in good repair and of the nonskid variety where necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is all electrical equipment properly grounded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are hood filters clean and in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the hood exhaust fan adequate to remove smoke and vapor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are ladders provided in storage areas where needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are heavy items stored on lower shelves in storage areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are knives and other utensils in good condition and stored properly, i.e., on racks, hooks, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are chairs, tables, and other items of equipment in dining room and kitchen in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VII. MISCELLANEOUS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Are lockers in good condition and secured to the floor or wall with no sharp projections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are lockers inspected regularly for cleanliness and fire hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the gym equipment in good condition, i.e., no obstructions when playing games, gymnastics, wrestling, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the bleachers in good condition and structurally adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are floors in shower areas clean and not slippery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VIII. FIRST AID | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. An adequately stocked first aid cabinet is provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The school/department has individuals qualified to administer first aid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IX. FIRE SAFETY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Fire extinguishers have been inspected (i.e., pressure up, pins and seal in place) and signed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Access to extinguishers maintained at all times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fire exits are kept clear at all times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the proper types of extinguishers available throughout the building? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. FIRE DRILL Date: Evacuation time: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pull Station Location: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Marshall Present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

X. PLAYGROUND

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|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Is the area around swings, slides, etc., properly covered with a soft material such as sawdust or shavings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the bases and platforms of all equipment firmly secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is area free of hard objects such as concrete blocks protruding from the ground in areas around playground equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are connections, clamps, etc., in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any visible cracks in equipment or missing or damaged parts, i.e., steps, seats, bolts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any splintered, cracked, or otherwise deteriorating wood? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |