

**SCHOOL INSPECTION PROCEDURES
SECONDARY SCHOOLS
General Building**

Building: _____

Date: _____

A. SCHOOL OFFICE	YES	NO	N/A
1. Are all machines in safe working order?	[]	[]	[]
2. Are all electrical outlets in a safe condition?	[]	[]	[]
3. Are there complete first aid materials available and plainly marked?	[]	[]	[]
4. Is there any improper use of extension cords?	[]	[]	[]
5. Other _____	[]	[]	[]
B. HALLS AND STAIRWAYS	YES	NO	N/A
1. Are halls, stairways and ramps kept reasonably clear of stored objects?	[]	[]	[]
2. Are halls, stairways and ramps well lighted where needed?	[]	[]	[]
3. Are halls, stairways and ramps kept clean and dry so there will be no slippery spots?	[]	[]	[]
4. Are objects projecting into halls, stairways and ramps well marked or protected?	[]	[]	[]
5. Are adequate fire extinguishers provided?	[]	[]	[]
6. Are all fire escapes in satisfactory condition?	[]	[]	[]
7. Other _____	[]	[]	[]
C. BUILDING ENTRANCES	YES	NO	N/A
1. Are outside entrances well lighted?	[]	[]	[]
2. Are steps and walks in good repair?	[]	[]	[]
3. Are exit doors well marked and exit signs in good working order?	[]	[]	[]
4. Are areas inside entrances kept clear?	[]	[]	[]

5.	Are entrance doors which are principally of glass clearly marked by a crash bar or other adequate marking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all trip hazards painted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	CLASSROOMS AND ENTRYWAYS	YES	NO	N/A
1.	Do the doors and windows operate properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are windows free of cracked glass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are dangerous projections adequately marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are chairs and desks in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are electrical connections and devices safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are rooms well lighted according to county code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are fire exits satisfactorily marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	HOME ECONOMICS AREA	YES	NO	N/A
1.	Are all electrical connections and devices labeled and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there proper lighting in the sewing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the floors clear and free of obstacles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the floors in front of the sinks clean and dry to prevent slipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are there complete first aid materials available and plainly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all equipment and appliances in a safe working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the proper safety rules displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	ELECTRIC TYPING ROOMS	YES	NO	N/A
1.	Are all electrical connections and devices labeled and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have all electrical cords been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the proper safety rules displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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|---|--------------------------|--------------------------|--------------------------|
| 9. Are there complete first aid materials available and plainly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are the proper safety rules displayed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are all electrical connections and devices labeled and safe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I. METAL SHOP AREA

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are floors clear of obstacles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any dangerous projections plainly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all sharp corners of desks and machines protected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all power machines guarded and safe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is ventilation provided for the correct welding areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do all grinders have proper safety shields? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there proper eye shields for individual students to wear within the shop? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the welding area properly equipped with correct eye shields? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there complete first aid materials available and plainly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are the proper safety rules displayed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has provision been made for securing all welding tanks? ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are all paint containers stored in metal cabinets when not being used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are general safety reminders and rules on equipment properly located? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there proper storage provided for the metal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are all safety signs posted where needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are all electrical connections and devices labeled and safe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J. WOOD SHOP AREA	YES	NO	N/A
1. Are all floors clear of obstacles?	[]	[]	[]
2. Are any dangerous projections plainly marked?	[]	[]	[]
3. Are all power tools safe, properly labeled and protected with correct belts and guards?	[]	[]	[]
4. Is project storage adequate and safe?	[]	[]	[]
5. Is ventilation provided and adequate?	[]	[]	[]
6. Is there a proper chip collection unit?	[]	[]	[]
7. Are there proper eye shields for individual students to wear within the shop?	[]	[]	[]
8. Are there complete first aid materials available and plainly marked?	[]	[]	[]
9. Are all safety signs posted where needed?	[]	[]	[]
10. Is lumber stored in a manner that would prevent materials from falling on anyone?	[]	[]	[]
11. Are all paint containers stored in metal cabinets when not being used?	[]	[]	[]
12. Have hand tools been properly maintained and safe?	[]	[]	[]
13. Are the proper safety rules displayed?	[]	[]	[]
14. Are all electrical connections and devices labeled and safe?	[]	[]	[]
15. Other _____	[]	[]	[]

K. ELECTRICAL SHOP AREA	YES	NO	N/A
1. Are all floors clear of obstacles?	[]	[]	[]
2. Are dangerous projections plainly marked?	[]	[]	[]
3. Are all sharp corners of desks and machines protected?	[]	[]	[]
4. Are all electrical connections and devices labeled and safe?	[]	[]	[]
5. Are there complete first aid materials available and plainly marked?	[]	[]	[]
6. Are there proper eye shields for individual students to wear within the shop?	[]	[]	[]

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|---|-----|-----|-----|
| 7. Are the proper safety rules displayed? | [] | [] | [] |
| 8. Other _____ | [] | [] | [] |

L. MECHANICAL DRAWING AREA

YES NO N/A

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|---|-----|-----|-----|
| 1. Are all floors clear of obstacles? | [] | [] | [] |
| 2. Are dangerous projections plainly marked? | [] | [] | [] |
| 3. Are the mechanical drawing benches in safe condition for student to use? | [] | [] | [] |
| 4. Are there complete first aid materials available and plainly marked? | [] | [] | [] |
| 5. Is the room properly lighted? | [] | [] | [] |
| 6. Are the proper safety rules displayed? | [] | [] | [] |
| 7. Other _____ | [] | [] | [] |

M. PHYSICAL EDUCATION AREA (GYMNASIUM)

YES NO N/A

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|---|-----|-----|-----|
| 1. Are glass fixtures adequately protected from kicked or thrown balls such as: overhead ceiling lights, window glass areas, physical education office doors and windows? | [] | [] | [] |
| 2. Are EXIT signs working properly? | [] | [] | [] |
| 3. Are entrances and exits that have glass areas adequately marked and protected? | [] | [] | [] |
| 4. Are fire extinguishers evident within the gymnasium area and properly located? | [] | [] | [] |
| 5. Are bleachers in good working order? | [] | [] | [] |
| 6. Are electrical wall switches in safe operating condition? ... | [] | [] | [] |
| 7. Are safety signs posted within the gymnasium area? | [] | [] | [] |
| 8. Does the scoreboard area appear to be in a safe condition? | [] | [] | [] |
| 9. Is the gymnastic equipment properly located and in a safe working condition, such as: trampolines, climbing ropes, rings, horizontal bars, parallel bars, backboards, braces, balance beams, etc.? | [] | [] | [] |
| 10. Are the proper safety rules displayed? | [] | [] | [] |

11. Are there complete first aid materials available and plainly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are emergency lighting systems working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the whirlpool unit in proper working condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. SHOWER AREA	YES	NO	N/A
1. Are necessary precautions taken to prevent slippery decks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are light globes protected from water spray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are EXIT signs working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are safety signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are stairways in all gym areas well lighted, and do they have handrails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are keyed light switches in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there complete first aid materials available and plainly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the proper safety rules displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. SCIENCE INSTRUCTIONAL AREA	YES	NO	N/A
1. Is there adequate shelving so apparatus and supplies can be stored in non-hazardous position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate provision for locking up dangerous chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate provision for elimination of noxious gases, such as fume hood, room exhaust fan, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there complete first aid materials available and plainly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a fire blanket in the chemistry lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there adequate provision of a fire extinguisher in all labs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are laboratory desks free of visual encumbrances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are storage rooms adequately protected from student access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	Are CO ² fire extinguishers in all labs?	[]	[]	[]
10.	Are there eye bath stations in all chemistry labs?	[]	[]	[]
11.	Are there shower stations in all chemistry labs?	[]	[]	[]
12.	Are there proper safety rules displayed?	[]	[]	[]
13.	Are all Bunson burners in safe working condition?	[]	[]	[]
14.	Other _____	[]	[]	[]
P.	OUTDOOR INSPECTION	YES	NO	N/A
1.	Are fences adequate and in satisfactory condition?	[]	[]	[]
2.	Are backstops in good condition?	[]	[]	[]
3.	Is play area in satisfactory condition: sprinkler heads, holes, rocks, broken glass, etc.?	[]	[]	[]
4.	Is speed control adequate in the parking lot area?	[]	[]	[]
5.	Are building exits and pedestrian traffic ways which are adjacent to parking lots well marked and lighted?	[]	[]	[]
6.	Is the parking lot clean and properly fenced?	[]	[]	[]
7.	Are the bleachers in a safe condition?	[]	[]	[]
8.	Other _____	[]	[]	[]
Q.	KITCHEN AREA	YES	NO	N/A
1.	Are the proper health certificates displayed?	[]	[]	[]
2.	Is all food service equipment in a safe and sound condition?	[]	[]	[]
3.	Are all floors in storage rooms free of excess materials and clean?	[]	[]	[]
4.	Are all floors clean and free of foreign materials?	[]	[]	[]
5.	Is the garbage area near and clean?	[]	[]	[]
6.	Are the proper safety rules displayed?	[]	[]	[]
7.	Are there complete first aid materials available and plainly marked?	[]	[]	[]
8.	Other _____	[]	[]	[]