

**SCHOOL INSPECTION PROCEDURES
ELEMENTARY 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?	[]	[]	[]

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|---|--------------------------|--------------------------|--------------------------|
| 2. Are steps and walks in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are exit doors well marked and exit signs in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are areas inside entrances kept clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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

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|---|--------------------------|--------------------------|--------------------------|
| 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 fire routes and fire exit directions posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. GYMNASIUM AREA

YES NO N/A

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|---|--------------------------|--------------------------|--------------------------|
| 1. Are glass fixtures adequately protected from kicked or thrown balls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are exit signs working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are entrances and exits that have glass areas adequately marked and protected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do electrical wall or floor receptacle covers fit properly (not protruding)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any dangerous hooks protruding from walls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are devices for raising poles and basketball goals in good order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 7. Are safety signs posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any pianos, tables or other furniture with sharp edges too close to the playing area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is apparatus in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing poles and attachments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance beam? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinning bar? | <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 there complete first aid materials available and plainly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. SHOWER AREA

YES NO N/A

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| 1. Are there complete first aid materials available and plainly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are shower and dressing room floors in safe (non-slippery) condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are light globes protected from water spray? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exit signs working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are locker doors in proper repair and secure to the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are safety signs posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are light switches in good working order? | <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"/> |

KITCHEN AREA

YES NO N/A

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| 1. Are the proper health certificates displayed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|----|--|-----|-----|-----|
| 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 _____ | [] | [] | [] |