

**school safety Inspection Checklist**

*for School Facility Annual Self-Inspection*

Environment Health Safety

**INSTRUCTIONS FOR USE:**

The ***School Safety Inspection Checklist*** is a companion to the [***School Safety Reference Book***](https://www.sandi.net/staff/sites/default/files_link/staff/docs/safety-management/11-03-18_Inspection%20Guidebook_rev04-28-19.pdf) in evaluating District’s compliance with environmental, occupational health and safety regulatory standards. It aims to:

* simplify the process of **identifying hazards or unsafe conditions and practices** throughout the school facility; and
* ensure high integrity and credibility of health and safety compliance evaluation issued to a school facility

This document contains **13 standard-based evaluation benchmarks**, structured in a ***yes/no/not applicable*** question format. Remember, each ***“no”*** answer to any question may indicate a problem. Each hazard must be corrected on a timely manner **based upon the severity of the hazard** as follows:

|  |  |
| --- | --- |
| HAZARD RANK | DUE DATE OF CORRECTIVE ACTION |
| LOW HAZARD | Hazard can be corrected anytime within the current school year |
| MODERATE HAZARD | Hazard must be corrected within 30 days after the date of inspection |
| HIGH HAZARD | Hazard must be corrected immediately after the date of inspection |

While these checklists are not all inclusive, **YOU MUST COMPLY WITH STATE LAWS COVERED IN THESE CHECKLISTS FOR WORKERS’ PROTECTION FROM HAZARDS.**

|  |  |
| --- | --- |
| PARTIES | RESPONSIBILITIES |
| School Facility Supervisor or Administrator | * Using the checklist, conducts inspections **each year in all work areas**, and corrects deficiencies found. * Submits completed checklist to District Environmental Health and Safety (EHS) Office for review via [**safetyoffice@sandi.net**](mailto:safetyoffice@sandi.net)due every **December 1st annually** * Self-certify online\* that deficiencies found during inspection were corrected |
| District EHS Inspector | * Using the checklist, conducts routine safety audits of school facilities to determine if District health and safety programs are working, and verify compliance with applicable laws * If safety audit reveals deficiencies, advises school facilities in an effort to assist in their improvement. |

**\*Online Self-Certification of Corrective Actions**

School Facility Supervisor or Administrator will self-certify those deficiencies were corrected by logging in to the staff web portal at **https://www.sandiegounified.org/SchoolSafetyInspectionProgram** (link will be active on November 1, 2019).

**Help Desk:** District EHS Office at (858) 627-7174 or [safetyoffice@sandi.net](mailto:safetyoffice@sandi.net)

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|  |  |
| --- | --- |
| School Facility: | School Facility Name here. |
| Inspection Date: |  |

# BUILDING AND GROUNDS CONDITIONS

## Floors, Walls and Pits

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Wall openings guarded by a guardrail or other barrier? |
|  |  |  | Floor and roof openings guarded by a cover, guardrail or equivalent on all open sides? |
|  |  |  | Toe boards installed around the edges at openings where persons may pass below the opening? |
|  |  |  | Unused portions of service pits and unused pits covered or protected by guardrails or equivalent? |

## Stairs and Stairways

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Handrails or stair railings installed on stairways having 4 or more risers? |
|  |  |  | Step risers on stairs uniform from top to bottom? |
|  |  |  | Step treads on stairs slip-resistant? |
|  |  |  | Stairways maintained clear and in good repair? |

## Ramps and Elevated Locations

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Evaluation Questions:** |
|  |  |  | Guardrails on elevated work locations installed? |
|  |  |  | Handrails or stair rails on ramps installed? |
|  |  |  | Ramp surfaces roughened or slip-resistant? |
|  |  |  | Ramps maintained reasonably clear and in good repair? |

## Egress and Exits

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Exit paths lighted and marked with visible exit or directional signs? |
|  |  |  | Exit signs kept visible or unobscured from view? |
|  |  |  | Exit paths equipped with emergency lighting when natural lighting is inadequate? |
|  |  |  | Exits and corridors serving as required exits unobstructed? |
|  |  |  | Exit corridors maintained continuous and uninterrupted by intervening rooms? |
|  |  |  | Physical barrier and warning installed where doorway, ramp, walkway or stairway landing exits directly into vehicular traffic? |

## Doors

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Exit doors free from hangings, draperies, mirrors, furnishings and decorations? |
|  |  |  | Exit doors openable from the direction of exit travel? |
|  |  |  | Exit doors, having no landing, marked with a sign stating “Danger! Stairway-No Landing”? |
|  |  |  | Revolving, sliding and overhead doors prohibited from serving as a required exit door? |
|  |  |  | Exits provided when doors in folding partitions are used? |
|  |  |  | Latch on doors with panic hardware released easily when a force is applied to the bar? |
|  |  |  | Doors with panic hardware kept unlocked at any time? |

## Aisles, Walkways and Crawlways

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Permanent aisles, ladders, stairways and walkways kept reasonably clear and in good repair? |
|  |  |  | Aisles or walkways, which become hazardous, clearly defined by painted lines, curbings or other methods of marking? |
|  |  |  | Aisles, walkways or crawlways, which become slippery, installed with high-friction surfaces, cleats, coverings or other protection against slipping? |
|  |  |  | Aisles, where vehicles are operating, provided with clearance limit warning signs? |

## Portable Ladders

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Ladders maintained in good condition at all times? |
|  |  |  | Damaged ladders removed, and tagged as “Dangerous, Do Not Use”? |
|  |  |  | Ladders kept free of oil, grease, or slippery materials? |
|  |  |  | Wood ladders kept free from painting other than a transparent material? |
|  |  |  | Conductive ladders marked with signs reading “CAUTION – Do Not Use Around Electrical Equipment”? |
|  |  |  | Employees trained on ladder safety before use? |

## Illumination

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Natural or artificial illumination provided adequately in all working areas, stairways, aisles, passageways, workbenches and machines? |
|  |  |  | Portable lights provided when natural or artificial illumination unavailable? |

## Prohibition of Smoking in the Workplace

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Smoking of tobacco products in an enclosed space prohibited? |
|  |  |  | Sign stating “No Smoking” posted at each entrance to the building if smoking is prohibited throughout the building? |
|  |  |  | “No Smoking” sign maintained and not obscured, removed, mutilated or destroyed? |
|  |  |  | Sign stating “Smoking is prohibited except in designated areas” posted at each entrance to the building if smoking is permitted in designated areas of the building? |

## Emergency Gas Shut-Offs

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Main gas shut-off valve located outside each building? |

# SANITATION

## General Cleanliness

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Workplaces, storerooms, service rooms and passageways kept clean, orderly and in a sanitary condition? |
|  |  |  | Floors, workrooms, personal service rooms and passageways kept free from protruding nails, splinters, loose boards and unnecessary holes and openings? |
|  |  |  | Putrescible wastes or refuse stored in receptacle with lid and removed to avoid nuisance and health menace? |
|  |  |  | Rooms maintained to prevent entrance or harborage of insects, rodents or other vermin? |
|  |  |  | Water intrusion, leakage or other uncontrolled accumulation corrected to prevent mold growth? |
|  |  |  | Accumulation of flammable or combustible waste materials and residues controlled to prevent fire? |

## Water Supply

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Drinking water sources maintained in clean and sanitary conditions? |
|  |  |  | Portable drinking water dispensers clearly marked as to their contents? |
|  |  |  | Outlets for nonpotable water posted in a manner understandable to all employees to indicate that the water is unsafe and not used for drinking, washing, cooking or other personal service purposes? |

## Consumption of Food and Beverage

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Food and beverages prohibited in a toilet room or in an area where they may be contaminated by any toxic material? |
|  |  |  | Containers for the disposal of food waste emptied not less than once each working day and maintained in a clean and sanitary condition? |
|  |  |  | Food processed, prepared, handled, served and stored in such a manner as to be protected against contamination and spoilage? |

# PHYSICAL PLANT

## Machinery and Equipment

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Machinery and equipment with defective parts kept out of service until repaired by qualified person? |
|  |  |  | Machinery and equipment designed for a fixed location restrained? |
|  |  |  | Machinery and equipment in service maintained in a safe operating condition? |

## Hand and Portable Powered Tools and Equipment

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Tools and equipment used by employees maintained in a safe condition? |
|  |  |  | Hand-held powered circular saws, electric, hydraulic or pneumatic chain saws, and percussion tools equipped with a constant pressure switch or control that will shut off the power when the pressure is released? |
|  |  |  | Hand-held powered drills, tappers, fastener drivers, horizontal, vertical, and angle grinders, disc sanders, belt sanders, reciprocating saws, saber, scroll, and jig saws, and other similarly operating powered tools equipped with a constant pressure switch or control, and may have a lock-on control? |
|  |  |  | Other hand-held powered tools, such as, but not limited to, platen sanders, grinders, disc sanders, routers, planers, laminate trimmers, nibblers, shears, saber, scroll, and jig saws, equipped with positive "on-off" control, or other controls? |

## Machine Guarding

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Machines or parts of machines guarded at their point of operation? |
|  |  |  | Saws, cutting tools, heads, shears and knives that are part of any machine kept sharp, properly set up, adjusted and firmly secured? |
|  |  |  | “Point of Operation” guards set up, adjusted and maintained in safe and efficient working condition? |

## Energized Electrical Equipment

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Suitable temporary barriers/barricades installed on access areas to opened enclosures containing exposed energized equipment? |
|  |  |  | Fall protection provided to electricians working at elevated locations more than 4 feet above the ground? |
|  |  |  | PPE, including insulating gloves and eye protection, issued to electricians? |
|  |  |  | Electrical appliances and tools grounded? |
|  |  |  | Grounding conductor in extension cords maintained? |
|  |  |  | Damaged or defective cord taken out of service? |
|  |  |  | Ground-fault circuit interrupters (GFIC) installed in any extension cords, and cord- and plug-connected equipment, which are used during maintenance, remodeling, repair or similar activities? |
|  |  |  | Flexible cords free of splicing or tapping? |
|  |  |  | CPR- and first aid-trained employee(s) available when employees are performing electrical work? |
|  |  |  | First aid kits provided, maintained, available for use and inspected frequently for replenishment? |

## Emergency Systems

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Systems tested periodically? |
|  |  |  | Written tests and maintenance records maintained? |
|  |  |  | (Where emergency lighting required) System arranged to keep no space in total darkness? |
|  |  |  | Sign indicating emergency power source placed at the service entrance equipment? |

## Lockout/Tagout

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Machinery or equipment (capable of movement) stopped, de-energized or disengaged, and blocked or locked out during cleaning, servicing and adjusting operations? |
|  |  |  | Prime movers, equipment or power-driven machines locked out or positively sealed in the “off” position during repair work and setting-up operations? |
|  |  |  | Accident prevention signs, tags, padlocks or seals provided and placed on the controls of machinery or equipment during cleaning, servicing, adjusting, repair work and setting-up operations? |
|  |  |  | Written Hazardous Energy Control Procedure (HECP) developed and utilized when employees are engaged in cleaning, repairing, servicing, setting up and adjusting prime movers, machinery and equipment? |
|  |  |  | Annual inspection of HECP conducted by an authorized employee? |
|  |  |  | Employees working on locked out equipment trained on HECP? |
|  |  |  | Employee training and inspections documented? |

## Dust Collection System

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Suitable dust collection systems provided whenever the chips and wood dust produced by woodworking machines? |
|  |  |  | Wood dust refuse removed and disposed properly? |

## Heating, Ventilating and Air Conditioning (HVAC) System

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | HVAC system operated properly and continuously during working hours? |
|  |  |  | HVAC system inspected annually? |
|  |  |  | HVAC problems corrected within a reasonable time? |
|  |  |  | HVAC inspections and maintenance documented in writing and retained for five years? |
|  |  |  | HVAC inspection and maintenance records available for examination and copying within 48 hours of a request to any employee and Cal/OSHA? |

## Mechanical Ventilation System

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Exhaust ventilation systems operated properly and continually during all operations? |
|  |  |  | Ventilation rate tested annually? |
|  |  |  | Records of tests retained for at least five years? |
|  |  |  | Filters replaced or cleaned regularly? |

# PERSONAL PROTECTIVE EQUIPMENT

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | (If required) Safety devices and safeguards, including personal protective equipment (PPE), protective clothing, respiratory protection, protective shields and barriers provided, used, and maintained in a safe, sanitary condition? |
|  |  |  | Assessment of hazards, which might require PPE, conducted with written verification including a review of injuries? |
|  |  |  | Employees who are required to use PPE trained? |
|  |  |  | Training verified through written certification? |
|  |  |  | (If required) Respirators provided?  If yes, is written respiratory protection program developed and implemented? |
|  |  |  | (If required) Hearing protectors provided?  If yes, is hearing conservation program administered? |

# ACCIDENT PREVENTION PROGRAM

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Written provisions of Injury and Illness Prevention Program (IIPP) implemented at the school facility, such as: |
|  |  |  | 1. Scheduled periodic hazard inspections performed annually? |
|  |  |  | 1. Occupational injury or illness investigated? |
|  |  |  | 1. Hazards corrected on a timely manner based on the severity of the hazard? |
|  |  |  | 1. Employees trained on IIPP upon initial assessment and annually thereafter? |
|  |  |  | 1. Records of inspections, corrective actions, and trainings maintained? |

# ASBESTOS MANAGEMENT PROGRAM

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Entrance to mechanical rooms, having asbestos containing materials inside, posted with warning signs or labels? |
|  |  |  | Employees ensured access to labels on containers of asbestos, safety data sheets and trained on HAZCOM Program, which incorporated Asbestos? |
|  |  |  | Housekeeping/custodial employees trained annually on asbestos awareness training course? |

# BLOODBORNE PATHOGENS PROGRAM

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Written provisions of Exposure Control Plan for Bloodborne Pathogens(ECP-BBP) implemented at the school facility, such as: |
|  |  |  | 1. Contaminated sharps or other potentially infectious materials (OPIM) placed in appropriate containers? |
|  |  |  | 1. Containers labeled properly? |
|  |  |  | 1. Sharps containers replaced to avoid overfilling? |
|  |  |  | 1. Disinfectant readily available for cleaning contaminated work surfaces? |
|  |  |  | 1. PPE provided at no cost? |
|  |  |  | 1. Employees trained annually on ECP-BBP? |
|  |  |  | 1. Training records maintained for 3 years? |

# HAZARD COMMUNICATION PROGRAM

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Written provisions of Hazard Communication (HAZCOM) Program implemented at the school facility, such as: |
|  |  |  | 1. Hazard determination of chemicals documented? |
|  |  |  | 1. Labels of incoming containers of hazardous chemicals not removed or defaced? |
|  |  |  | 1. Each container of hazardous chemicals labeled, tagged or marked legibly, in English and prominently displayed? |
|  |  |  | 1. List of hazardous chemicals compiled? |
|  |  |  | 1. Safety data sheet for each hazardous chemical maintained and accessible to employees? |
|  |  |  | 1. Safety procedures and precautionary measures in handling chemicals followed? |
|  |  |  | 1. Employees trained on HAZCOM upon initial assessment and annually thereafter? |

# HEAT ILLNESS PREVENTION PROGRAM

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Written provisions of Heat Illness Prevention Plan (HIPP) implemented when employees work outdoors, such as: |
|  |  |  | 1. Potable drinking water provided at no cost? |
|  |  |  | 1. Shade(s) provided (if temperature exceeded 80 degrees Fahrenheit)? |
|  |  |  | 1. Employees observed by supervisor for signs of heat illness? |
|  |  |  | 1. First aid or emergency response provided if an employee exhibits signs or reports symptoms of heat illness? |
|  |  |  | 1. High-heat procedures implemented (if temperature exceeds 95 degrees Fahrenheit)? |
|  |  |  | 1. Employee (who was newly assigned to a high heat area) observed by supervisor for the first 14 days of employment? |
|  |  |  | Both supervisors and employees trained on the risk and prevention of heat illness exposures? |

# FIRE AND LIFE SAFETY

## Emergency Action Plan

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Written provisions of Emergency Action Plan (EAP) specific to the school facility implemented at the school facility, such as: |
|  |  |  | 1. Employees trained on EAP upon initial assessment and annually thereafter? |
|  |  |  | 1. Distinctive signal of the alarm system recognized in all areas? |
|  |  |  | 1. Emergency phone numbers and procedures posted conspicuously? |
|  |  |  | 1. Alarm system maintained properly and tested periodically? |
|  |  |  | 1. Employee runners or telephones as back-up means of alarm provided when systems are out of service? |

## Decorative Materials

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Drapes, hangings, curtains, drops, and all other similar material, including Christmas trees, located in corridors, stairways, lobbies, ramps, passageways and balconies used as exits made from a non-flammable material, or treated and maintained in a flame-retardant condition by means of a flame-retardant solution or process approved by the State Fire Marshal? |
|  |  |  | Exit lights, fire alarm sending stations, wet standpipe hose cabinets, and fire extinguisher locations free from any decorative material? |

## Portable Fire Extinguishers

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Extinguishers accessible, unobstructed and unobscured from view? |
|  |  |  | Extinguishers, not housed in cabinets, installed on hangers or brackets? |
|  |  |  | Cabinets used to house extinguishers kept unlocked or provided with a means of ready access? |
|  |  |  | Extinguishers maintained in fully charged and operable condition? |
|  |  |  | Extinguishers visually inspected monthly with initials of the person performing the inspection recorded on the tag? |
|  |  |  | Extinguishers subjected to annual maintenance check? |
|  |  |  | Employee trained on fire extinguisher and fire hazards annually? |

## Automatic Sprinkler Systems

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | System maintained in operative condition at all times? |
|  |  |  | Fire department notified immediately where system is out of service? |
|  |  |  | System tested and maintained annually? |

## Carbon Monoxide Detection

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Carbon Monoxide (CO) detection installed in classrooms? |
|  |  |  | Inoperable CO alarms and detectors replaced? |

## Combustible Waste Material

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Roof, court, yard, vacant lot, alley, paring lot, open space or beneath a grandstand, bleacher or other similar structure free from accumulations of wastepaper, wood, hay, straw, weeds, litter or combustible or flammable rubbish? |
|  |  |  | Oily rags stored in a listed disposal container? |

## Ignition Sources

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Clearance between ignition sources (luminaires, heaters, flame-producing devices and combustible materials) maintained? |

## Combustible Material Storage

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Storage of materials orderly and stacks stable? |
|  |  |  | 2 feet or more below the ceiling maintained for storage in nonsprinklered areas or not less than 18 inches below sprinkler head deflectors in sprinklered areas? |
|  |  |  | Exits or enclosed stairways and ramps cleared of storage? |
|  |  |  | Boiler rooms, mechanical rooms, electrical equipment rooms or fire command centers cleared of storage? |
|  |  |  | Under eaves, canopies or other projections or overhangs cleared of storage, display and handling of combustible materials? |

## Emergency Planning and Preparedness

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Plan showing paths of travel to evacuate the room in case of emergency and including an alternate route posted in each classroom and assembly area? |
|  |  |  | Emergency and evacuation instructions to be followed by the teacher posted in each classroom? |
|  |  |  | The first emergency evacuation drill of each school year conducted within 10 days of the beginning of classes? |
|  |  |  | Emergency evacuation drill conducted not less than once every calendar month at the elementary and intermediate levels? |
|  |  |  | Emergency evacuation drill conducted not less than twice yearly at the secondary level? |
|  |  |  | Records of drills maintained? |

## Means of Egress

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Occupant load posted in every room or space used for assembly, classroom, dining, drinking or similar purposes having an occupant load of 50 or more? |
|  |  |  | Means of egress serving a room or space illuminated at all times that the room or space is occupied? |
|  |  |  | Means of egress doors distinguished readily, and unconcealed by mirrors, curtains, drapes, decorations or similar materials? |
|  |  |  | Rooms used by K-2 grade students located on the first story? |

## Electrical Equipment and Wiring

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | In front of electrical service equipment cleared by 3 feet? |
|  |  |  | Doors into electrical control panel rooms marked stating “ELECTRICAL ROOM”? |
|  |  |  | Power taps connected directly to permanent receptacle? |
|  |  |  | Power taps and extension cords detached from walls, ceilings, floors, under doors or floor coverings? |
|  |  |  | Extension cords and flexible cords used temporarily for portable appliances? |

# HAZARDOUS MATERIALS MANAGEMENT

## Emergency Eyewash and Shower Equipment

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Emergency eyewash and showers accessible and unobstructed? |
|  |  |  | Potable water supplied to plumbed and self-contained eyewash and shower? |
|  |  |  | Plumbed eyewash and shower equipment activated monthly? |

## Spill and Overflow Control

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Spill control provided when storage of hazardous material liquids in individual vessels exceeds 55 gallons? |
|  |  |  | Spills and overflows of hazardous materials neutralized and cleaned up promptly? |
|  |  |  | Waste material disposed of promptly? |

## Storage of Hazardous Chemicals

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Incompatible substances separated? |
|  |  |  | Appropriate storage containers used? |
|  |  |  | Containers stored in locations free from physical damage to, or deterioration of the container, and heat exposure? |

## Changing and Charging Storage Batteries

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Employees assigned to work with storage batteries trained in emergency procedures? |
|  |  |  | Smoking prohibited in the charging area? |
|  |  |  | Nonconductive materials used when supporting batteries? |
|  |  |  | Vent caps placed during charging or moving batteries? |
|  |  |  | Ventilation in charging area provided? |
|  |  |  | Fire extinguisher in charging area provided? |

## Hazardous Chemicals in Laboratories

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Written provisions of Chemical Hygiene Plan (CHP) implemented at the school facility, such as: |
|  |  |  | 1. Chemical Hygiene Officer (CHO) designated? |
|  |  |  | 1. Standard operating procedures in safe laboratory work followed? |
|  |  |  | 1. PPE and hygiene practices used? |
|  |  |  | 1. Fume hoods and PPE properly functioned? |
|  |  |  | 1. Employees trained on CHP upon initial assignment and annually thereafter? |
|  |  |  | 1. Hazards of chemicals identified and determined in compliance with HAZCOM? |
|  |  |  | CHP readily available to employees and Cal/OSHA representative? |

## Ventilation for Laboratory Fume Hood

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Hoods operated properly to provide sufficient inward airflow at all openings into the hood? |
|  |  |  | Placards prohibiting use of hood posted when airflow is deficient? |
|  |  |  | Qualitative airflow measurements conducted annually? |
|  |  |  | Employees who use hoods trained? |

## Flammable Liquids

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Containers containing flammable liquid marked with warning legend? |
|  |  |  | Containers closed when not in use? |
|  |  |  | Carboys or drums stored away from heat and ignition sources? |
|  |  |  | Flammable liquids stored away from exits, stairways or other areas for safe egress? |
|  |  |  | Storage limited to that required for operation of office equipment, maintenance, demonstration, treatment and laboratory work, such as: |
|  |  |  | 1. 1 gallon maximum capacity of container allowed except safety cans can be of 2 gallons capacity? |
|  |  |  | 1. Not more than 10 gallons of flammable liquids combined, allowed to be stored outside storage cabinet or room except in safety cans? |
|  |  |  | 1. Not more than 25 gallons of flammable liquids combined, allowed to be stored in safety cans outside of a storage cabinet or room? |

## Compressed Gas Cylinder

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Cylinders marked with both chemical name and volume of air? |
|  |  |  | Cylinder stored in areas away heat sources? |
|  |  |  | Cylinders stored in a well-protected, well-ventilated, dry location, away from highly combustible materials a minimum distance of 20 feet, away from elevators, stairs or gangways? |
|  |  |  | Oxygen gas cylinders stored away from fuel gas cylinders or combustible materials a minimum distance of 20 feet? |
|  |  |  | Cylinder valves closed except when in use, serviced or filled? |
|  |  |  | Cylinder stored in an upright position with the valve end up, immobilized by chains or other mean? |
|  |  |  | Valves of empty cylinders closed? |

# HAZARDOUS WASTES MANAGEMENT

## Hazardous Chemical Wastes

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Hazardous waste manifests kept on file for 3 years and available for inspection? |
|  |  |  | Hazardous waste determination made for all wastes? |
|  |  |  | Copies of analytical results, waste analysis records or waste determination results kept on file for 3 years? |
|  |  |  | Hazardous wastes stored 90 days when you reach 55 gallons quantity limit? |
|  |  |  | Hazardous waste container or tank labeled properly? |
|  |  |  | Hazardous waste container kept in good condition? |
|  |  |  | Hazardous waste container stored with compatible wastes? |
|  |  |  | 5-gallon or greater empty container that previously held hazardous materials/wastes marked with date emptied? |
|  |  |  | Damaged hazardous waste container repackaged? |
|  |  |  | Spill control equipment available? |
|  |  |  | Accumulation areas spill-free? |

## Universal Wastes

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Universal waste disposed within one year? |
|  |  |  | Universal waste managed in a manner to prevent releases to the environment? |
|  |  |  | Universal waste labeled or marked properly? |
|  |  |  | Each universal waste disposal documented and three-year record kept? |

# MEDICAL WASTES MANAGEMENT

## General Requirements

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Medical Waste (MW) accumulation area secured? |
|  |  |  | MW accumulation area marked with warning signs with wording “CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT” and “CUIDADO-ZONA DE RESIDUOS-BIOLOGICOS PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS”? |
|  |  |  | MW containers labeled with generator’s name, address and phone number? |
|  |  |  | Each MW disposal documented and three-year record kept? |

## Sharps Waste

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Sharps wastes placed into sharps container? |
|  |  |  | Sharps containers labeled with the words “SHARPS WASTE” or international biohazard symbol and the word “BIOHAZARD”? |

## Pharmaceutical Waste

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Pharmaceutical wastes containerized in designated container? |
|  |  |  | Pharmaceutical wastes container labeled with the words “HIGH HEAT” or “INCINERATION ONLY” on the lid and sides? |
|  |  |  | Pharmaceutical waste stored no longer than 90 days when container is ready for disposal, emptied once a year? |

## Biohazardous Waste

| **Yes** | **No** | **NA** | **Evaluation Questions:** |
| --- | --- | --- | --- |
|  |  |  | Biohazardous waste bagged in a biohazard bag, tied and placed into an approved container? |
|  |  |  | Biohazardous waste container labeled with the words “BIOHAZARDOUS WASTE” or with the international biohazard symbol and the word “BIOHAZARD” on the lid and sides? |
|  |  |  | Biohazardous waste > 20 lbs. stored no longer than seven days? |
|  |  |  | Biohazardous waste <20 lbs. stored no longer than 30 days? |

|  |  |  |  |
| --- | --- | --- | --- |
| APPENDIX A – SUMMARY OF FINDINGS | | | |
| School Facility: | School Facility Name Here | Inspection Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | SUMMARY OF FINDINGS | HAZARD RANK\* | WORK ORDER #, *If any* | DATE CORRECTED |
|  |  | Choose an item. |  |  |
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**\*HAZARD RANK:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LOW HAZARD** | Hazard can be corrected anytime within the current school year | **MODERATE HAZARD** | Hazard must be corrected within 30 days after the date of inspection | **HIGH HAZARD** | Hazard must be corrected immediately after the date of inspection |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Name: | First and Last Name Here | Initial: | Initial Here. |
| Job Title: | Job Title Here. | Date Signed: |  |

|  |  |
| --- | --- |
| APPENDIX B –PRESSURE RELIEF VALVE TESTING AND INSPECTION LOG | |
| School Facility: | School Facility Name Here. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Manually test relief valve every two months. | | | | Bimonthly 1 | Bimonthly 2 | Bimonthly 3 | Bimonthly 4 | Bimonthly 5 | Bimonthly 6 |
| TYPE OF EQUIPMENT | **LOCATION** | **FUEL TYPE** | **SIZE** | **Date tested** | **Date tested** | **Date tested** | **Date tested** | **Date tested** | **Date tested** |
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| 1. Boiler Room Cleaned | Bimonthly 1 | Bimonthly 2 | | Bimonthly 3 | Bimonthly 4 | | Bimonthly 5 | | Bimonthly 6 |
|  |  | |  |  | |  | |  |
| 1. Boiler Auxilliary Equipment Maintained In a Safe Operating Condition | **Bimonthly 1** | **Bimonthly 2** | | **Bimonthly 3** | **Bimonthly 4** | | **Bimonthly 5** | | **Bimonthly 6** |
|  |  | |  |  | |  | |  |
| 1. Deficiencies Corrected (please describe) | | | **Date Reported** | | | **Work Order #** | | **Date Corrected** | |
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*I certify that I have identified here and inspected all pressure vessels at this facility as indicated above.*

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Name: | First and Last Name Here | Initial: | Initial Here |
| Job Title: | Job Title Here | Date Signed: |  |