

**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**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.
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**\*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

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**CONTENTS**

[1 BUILDING AND GROUNDS CONDITIONS 2](#_Toc23243979)

[2 SANITATION 3](#_Toc23243980)

[3 PHYSICAL PLANT 3](#_Toc23243981)

[4 PERSONAL PROTECTIVE EQUIPMENT 5](#_Toc23243982)

[5 ACCIDENT PREVENTION PROGRAM 5](#_Toc23243983)

[6 ASBESTOS MANAGEMENT PROGRAM 5](#_Toc23243984)

[7 BLOODBORNE PATHOGENS PROGRAM 5](#_Toc23243985)

[8 HAZARD COMMUNICATION PROGRAM 6](#_Toc23243986)

[9 HEAT ILLNESS PREVENTION PROGRAM 6](#_Toc23243987)

[10 FIRE AND LIFE SAFETY 6](#_Toc23243988)

[11 HAZARDOUS MATERIALS MANAGEMENT 7](#_Toc23243989)

[12 HAZARDOUS WASTES MANAGEMENT 9](#_Toc23243990)

[13 MEDICAL WASTES MANAGEMENT 9](#_Toc23243991)

[APPENDIX A – SUMMARY OF FINDINGS A](#_Toc23243992)

[APPENDIX B –PRESSURE RELIEF VALVE TESTING AND INSPECTION LOG B](#_Toc23243993)

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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. |       |       |
|       |       | Choose an item. |       |       |
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**\*HAZARD RANK:**

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| --- | --- | --- | --- | --- | --- |
| **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 |

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

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

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| --- | --- | --- | --- | --- | --- | --- |
| 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: |       |