



File EID-E1

**SCHOOL:** \_\_\_\_\_

**INSPECTION FORM**

**Laboratories**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Gas shut-off valves working properly and shut off at the end of the instruction period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Fire extinguisher provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Fire blanket provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does ventilation appear adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Friction lighters used in place of matches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Chemicals kept in locked containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Flammable liquids in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Acids in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Home Economics**

1) Irons used on plug-ins with red pilot lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Appliances on circuit equipped with central turn off switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Dry chemical extinguisher available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remedial Action Necessary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lab Inspector \_\_\_\_\_ Date \_\_\_\_\_

Home Economics  
Inspector \_\_\_\_\_ Date \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_