



Portage la Prairie School Division

SCHOOL: _____

GENERAL SCHOOL SAFETY INSPECTION FORM

Protection

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1) Are all extinguishers charged, date tagged and in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fire Alarm System

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1) Is fire alarm operative and tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are reserve batteries in working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are handbells available in case automatic system fails? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are detectors provided in all storage rooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Housekeeping

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1) Are corridors obstructed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are stairways clear and free from tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are fire exits clear and doors operating freely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are all rooms, laboratories, etc. free of litter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does good housekeeping prevail in all areas, crawl spaces storage rooms, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1) Are all electrical wires, conduit and lighting fixtures properly supported and connected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are there any temporary wiring or extension cords where new permanent wiring should be provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are any motors, fuse boxes or control equipment overheating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are covers missing off fuse boxes, junction boxes, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



File EID-E4

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- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 5) Are reset circuit breakers taped over? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Are exit lights working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are emergency lights working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Intrusion Alarms

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1) Are intrusion alarms operative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are alarms set at the end of each day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Heating Units

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1) Is heating unit in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is heating equipment clear from combustibles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is door to furnace room closed and locked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are temporary heaters, not the property of School Board, in use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Flammable Liquids

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1) Are flammable liquids properly stored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Remedial Action Necessary:

Inspector _____ Date _____

Reviewer _____ Date _____