



**Portage la Prairie School Division**

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

**GENERAL SCHOOL SAFETY INSPECTION FORM**

**Protection**

- |   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |



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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:**

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

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