



File EID-E1

SCHOOL: _____

INSPECTION FORM

Laboratories

	Yes	No	N/A
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 _____