

Pleasant Valley School District
Workplace Safety Committee

Building Inspection Form

Classrooms

School: _____

Date: _____

Location: _____

Completed by: _____

1. Are safety rules and evacuation routes prominently displayed? YES NO Date of Action: _____

Comment: _____

2. Does the area have an audible evacuation alarm? YES NO Date of Action: _____

Comment: _____

3. Are doorways, walkways, and evacuation exits kept clear and at least 600 mm wide? YES NO Date of Action: _____

Comment: _____

4. Can external exit doors be opened from the inside without a key and are they identified with an appropriate exit sign? YES NO Date of Action: _____

Comment: _____

5. Is fire control equipment easily accessible, signed, regularly tested and of the appropriate type? YES NO Date of Action: _____

Comment: _____

6. Are safe operating procedures displayed with all potentially hazardous equipment? YES NO Date of Action: _____

Comment: _____

7. Is required personal protective equipment available and in good condition? YES NO Date of Action: _____

Comment: _____

8. Is the room clean and tidy? YES NO Date of Action: _____

Comment: _____

9. Is there sufficient space for each person to work safely? YES NO Date of Action: _____

Comment: _____

10. Are floor surfaces maintained in a safe condition and are they suitable for the type of activities conducted? YES NO Date of Action: _____

Comment: _____

Safety is No Accident

11. Are all flammable items, i.e. student artwork, seasonal decorations, etc. displayed on less than 20% of the available wall and/or ceiling space? YES NO Date of Action: _____
Comment: _____
12. Are steps/stairs/ramps in a safe condition with non-slip surface, and secure handrails where needed? YES NO Date of Action: _____
Comment: _____
13. Are doors, windows, locks and latches in good condition and in working order? YES NO Date of Action: _____
Comment: _____
14. Is there adequate ventilation? YES NO Date of Action: _____
Comment: _____
15. Is the lighting adequate to work safely? YES NO Date of Action: _____
Comment: _____
16. Is all furniture safe and in good condition? YES NO Date of Action: _____
Comment: _____
17. Are light fittings/fixtures and ceiling fans in good condition and in working order? YES NO Date of Action: _____
Comment: _____
18. Are hanging displays hazardous? YES NO Date of Action: _____
Comment: _____
19. Is flammable material stored and handled in a safe manner? YES NO Date of Action: _____
Comment: _____
20. Are required resources and equipment stored safely? YES NO Date of Action: _____
Comment: _____
21. Are free standing shelves/cupboards secured to ensure stability? YES NO Date of Action: _____
Comment: _____
22. Are storage areas labeled appropriately? YES NO Date of Action: _____
Comment: _____
23. Are current (within 5 years) material safety data sheets readily available for hazardous substances? YES NO Date of Action: _____
Comment: _____

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24. Are hazardous substances stored and labeled appropriately? YES NO Date of Action: _____

Comment: _____

25. Is electrical equipment in good condition and tested as required by the department's electrical testing procedure? YES NO Date of Action: _____

Comment: _____

26. Are power boards, air pumps, power cords and power outlets at least 200 mm above any source of water? YES NO Date of Action: _____

Comment: _____

27. Is noise a hazard? YES NO Date of Action: _____

Comment: _____

28. Are animal cages clean and in good condition? YES NO Date of Action: _____

Comment: _____

29. Does the classroom teacher have any concerns not covered on this form? YES NO Date of Action: _____

Comment: _____

30. HAZCOM: _____ MSDS Books YES NO Date of Action: _____

Comment: _____

Other comments or notes: _____

If more space is needed, attach extra sheet to this form.