

SITE SAFETY INSPECTION CHECKLIST

SCHOOL SITE: _____ DATE: _____

INSPECTOR: _____ QUARTER: 1st 2nd 3rd 4th

SITE ADMINISTRATOR: _____ ADMIN INITIALS: _____

Instructions: Check each item below as “Satisfactory or “Unsatisfactory.” For each item checked “Unsatisfactory,” add work order numbers, pertinent comments, and the location of hazards. Feel free to attach pics, diagrams, etc.
Submit to the Risk Management in September, December, March & June (mail/email/fax).

	Satisfactory	Unsatisfactory	N/A	Work Order #/Comment/Location
PUBLIC ACCESS				
No hazardous conditions in driveways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No trip hazards in parking areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curbs clearly painted/marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School fencing in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School gates close/latch properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building entrance accessible/proper signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiting areas free of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMPLOYEE/STUDENT AREAS				
Entrances/Exits not blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entrances/Exits illuminated & signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical – In good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL SAFETY				
No walkway cracks/transitions > ½ inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All lighting in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/Stools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unobstructed custodial/mechanical rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trophy/Display cabinets secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLOORS				
No trip/fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No lifting/rolling of floor/carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No electrical across walkways/daisy chaining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No boxes/pallets blocking walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMERGENCY PREPAREDNESS				
First aid material available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical/gas/water shutoffs location posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical/gas/water shutoffs unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation maps posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE EQUIPMENT/EXITS				
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers – tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits – properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIST UNSAFE/NOTABLE CONDITIONS HERE: