

Beautiful Plains School Division
Supervisors Safety & Health Inspection Form

ART ROOM

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

YES **NO** **N/A**
(Please Check ✓)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Has your MSDS book on Canada SDS been compared to the actual chemical inventory for accuracy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you completed the annual inventory of chemical list stating maximum quantities on hand and provided a copy to the School Office? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all chemical containers properly labeled with WHMIS information or workplace labels? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the space clean, organized, and uncluttered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have students received safety instruction and WHMIS orientation prior to the use of equipment and controlled products? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there an adequate supply of safety equipment and is it being worn when warranted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the condition of tools, equipment and appliances checked regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the fire extinguisher(s) available and in operating condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are combustible materials kept away from electrical/heating appliances/kiln? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS & DEFICIENCIES: _____

Unsafe conditions reported to School Administration or Site Workplace Safety Rep (This reporting period):

Please describe: _____

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____