

Beautiful Plains School Division
Supervisors Safety & Health Inspection Form

CUSTODIAL

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

YES NO N/A
(Please Check ✓)

Fire Safety

1. Is fire alarm fully operational? (sensors, detectors, fire doors, fire dampers, etc)
2. Have fire extinguishers been inspected and in operating condition?
3. Are all fire exit doors operational and unobstructed? (winter clean of snow and ice)
4. Are exits, foyers, and hallways unobstructed?
5. Are all exit and emergency lighting operational?
6. Are all boiler/furnace/mechanical/electrical rooms free of litter and free of combustibles if applicable?

Workplace Hazardous Materials Information System

1. Are all WHMIS labels and/or supplier labels on all chemical containers? (cleaning supplies, etc.)
2. Has your MSDS book on MSDS online been compared to the actual chemical inventory for accuracy?
3. Is a current up to date inventory of chemicals on hand and has a copy been provided to the facility central office and the Division Office for their records?
4. Are chemicals safely stored (flammable cabinets or locked) in storage areas?
5. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available?
6. Have you completed the annual inventory of chemical list stating maximum quantities on hand and provided a copy to the School Office?

General

1. Are doors to the furnace and custodial rooms closed and locked?
2. Are electrical wires, fuse boxes, light and plug in cover plates, and light fixtures in proper condition?
3. Is the intrusion alarm operative?

(See Over)

YES NO N/A
(Please Check ✓)

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|---|--------------------------|--------------------------|--------------------------|
| 4. Has the school been regularly inspected for potentially dangerous conditions?
(broken windows, floor and stair conditions, equipment and fixtures properly supported, grounds, mould, furniture) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are ladders and scaffolds in safe condition and properly used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has well water been checked for microorganisms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are washrooms, water fountains, and shower/change facilities being properly sanitized and cleaned daily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have new casual and regular employees been provided with orientation, review of job hazard analysis (if available), and applicable safety program policies and procedures, working alone, hearing conservation, WHMIS orientation, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are weekly inspections of playgrounds and play structures being completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are sidewalk conditions and cleaning logs being maintained? (winter months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have the building and mechanical equipment condition and operation monthly inspection checklists been completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there an adequate supply of safety equipment and is it being worn when warranted? (safety glasses, respirators, goggles, gloves, safety boots, first aid kits, shields, helmets, hearing protection) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have accidents and dangerous incidents been reported to school administration? | <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: _____