

Beautiful Plains School Division  
Supervisors Safety & Health Inspection Form  
**INDUSTRIAL ARTS / VOCATIONAL SHOPS  
SCHOOL BUS GARAGE**

DATE: (Day / Month / Year) \_\_\_\_\_

SCHOOL: \_\_\_\_\_

INSPECTION PERFORMED BY: \_\_\_\_\_  
(Supervisor)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	(Please Check ✓)		
1. Has your MSDS Book on Canada SDS been compared to 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the ventilation /dust collector system operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the eyewash station operational and been tested weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the fire extinguisher(s) available and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. Is there an adequate supply of safety equipment and is it being worn when warranted? (safety glasses, goggles, gloves, safety boots, first aid kits, shields, helmets, hearing protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are master electrical switches operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are gas lines and valves in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have students received safety instruction and WHMIS orientation prior to use of equipment and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the space clean, organized, and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are storage areas organized and not overloaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are flammables and chemicals stored in a proper location? (flammable cabinets or locked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are danger zones properly indicated and guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(See Over)

**YES   NO   N/A**  
(Please Check ☒)

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 16. Are all guards on equipment in place?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is equipment shut off while unattended?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are all equipment, tools, and hoisting devices checked periodically?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are mandatory six month school bus safety inspections being completed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are school bus drivers performing pre and post trip bus inspections and reporting defects to the bus garage and /or noting in log books? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are school bus drivers completing semi-annual school bus evacuation drills?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS & DEFICIENCIES: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

School Administrator/Supervisor

Date: \_\_\_\_\_