

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)

YES   NO   N/A  
 (Please Check ✓)

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has your MSDS Book on MSDS online 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?
- 17. Is equipment shut off while unattended?
- 18. Are all equipment, tools, and hoisting devices checked periodically?
- 19. Are mandatory six month school bus safety inspections being completed?
- 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?
- 21. Are school bus drivers completing semi-annual school bus evacuation drills?

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: \_\_\_\_\_