

Beautiful Plains School Division
Supervisors Safety & Health Inspection Form

SCIENCE & LABORATORIES

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 chemicals 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. 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 fume hood operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the eyewash station operational and been tested weekly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are chemical storage rooms and cupboards locked while not in use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the fire extinguisher(s) in operating condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are gas lines and valves in good working condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are master gas cutoff valves and electrical (if available) in properly working condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have students received instruction and WHMIS orientation on safe use of equipment and chemicals? | <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, goggles, gloves, first aid kits, shields, helmets, hearing protection, respirators, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the space clean, organized and uncluttered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are weight and space capacities of shelving and cupboards being respected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(See Over)

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: _____