

SCHOOL DISTRICT No. 50 (HAIDA GWAIH/QUEEN CHARLOTTE)

Facility Inspection Checklist

School: \_\_\_\_\_

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

1. Records & Documentation

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Emergency plan is accessible to all staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Current map of asbestos-containing material available in office.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Asbestos-containing material labels in place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Accident/Incident Record Book

2. Walking Surfaces

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Hallways and passageways unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Stairs and stairways unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Floors and stairs in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Mats available in entrances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Guardrails and handrails in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Floor openings and utility covers fit securely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Portable ramps and dockboards fit securely

3. Sanitation

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Waste containers in washrooms and lunchrooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Soap and sanitary towels in washrooms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Facility is clean and sanitary

4. Emergency Exits

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Exits clearly marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Exits unobstructed and unlocked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Exit doors swing outward
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Door closures on all exit doors

5. Fire Protection

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Fire extinguishes accessible to all staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Fire extinguishers inspected regularly for damage or discharge (please check inspection date)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Fire extinguishers have current supplier inspection bag
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Staff trained in fire extinguisher use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Fire alarm pulls marked, functional and unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Firefighting hose outlets unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Flammable materials safely stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Less than 20% of corridor wall space covered with paper

#### 6. Electrical

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Cover plates, switches and outlets in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Electrical cords in good repair and grounded plug in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Electrical panels labelled and unobstructed

#### 7. Lighting

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Lighting fixtures in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Emergency lighting system functional Please record date of last test: _____

#### 8. Ladders and Stepstools

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Ladders and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Electrical cords in good repair and grounded plug in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Electrical panels labelled and unobstructed

#### 9. Boiler Room or Furnace Room

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Flammables <u>not</u> stored in boiler room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Floors clean and unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Vents unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Emergency lighting systems functional Please record date of last test: _____

#### 10. Storage Areas

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Stored material organized and safely stacked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Stored material <u>not</u> projecting into walkways
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Shelving stable and secure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ladder or stepstool readily accessible

#### 11. Grounds

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Walkways unobstructed and in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Tripping hazards absent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Playground equipment in good condition (seasonal)

#### 12. First Aid

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Treatment Record Book located with First Aid Attendant or in First Aid Room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Staff understand injury reporting procedure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. First Aid kits stocked and location marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Emergency telephone numbers posted at all telephone locations

#### 13. WHMIS

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. WHMIS binders complete and accessible to all staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Hazard Awareness Chart and What's WHMIS booklet accessible to all staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. All containers of controlled products properly labelled as per WHMIS regulations

#### 14. Other Areas Requiring Attention

