

# Appendix C: Safety Inspection Checklists

Universe International School (UIS), Erbil

Comprehensive Inspection Checklists for Different Areas and Equipment

---

## 1. GENERAL FACILITY INSPECTION CHECKLIST

### 1.1 Monthly General Safety Inspection

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Time: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

AREA/ITEM	SATISFACTORY	NEEDS ATTENTION	IMMEDIATE ACTION	COMMENTS
EXTERIOR BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building structure integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof condition and drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and frames secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior doors and locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation and walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage systems functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WALKWAYS & ENTRANCES				
Sidewalks free of cracks/holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steps and handrails secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance mats in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice/snow removal completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTERIOR CORRIDORS				
Floors clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corridors free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STAIRWAYS				
Handrails secure and continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steps in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-slip surfaces maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PRIORITY ACTIONS NEEDED:

1.
2.
3.

Inspector Signature:  Date:  Follow-up Required: ☐ Yes ☐ No Follow-up Date:

2. CLASSROOM SAFETY INSPECTION CHECKLIST

2.1 Classroom Safety Assessment

Room Number: \_\_\_\_\_ Teacher: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

SAFETY ELEMENT	COMPLIANT	NON-COMPLIANT	N/A	ACTION REQUIRED
GENERAL SAFETY				
Emergency evacuation route posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit present and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contact numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom capacity not exceeded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL SAFETY				
Electrical outlets covered/protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extension cords used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No overloaded circuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damaged cords/equipment removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FURNITURE & EQUIPMENT				
Furniture stable and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharp edges/corners protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy items secured to walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student desks/chairs appropriate size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage areas organized safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENVIRONMENTAL				
Adequate lighting levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper ventilation/air circulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows secure and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor surfaces clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCESSIBILITY				
Wheelchair accessible pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door widths adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light switches reachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual/audio alarm systems working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SPECIFIC CLASSROOM HAZARDS IDENTIFIED:

- 
- 
-

**CORRECTIVE ACTIONS REQUIRED:**

Issue	Priority	Responsible Party	Target Date
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		

**3. SCIENCE LABORATORY SAFETY CHECKLIST**

**3.1 Laboratory Safety Inspection**

Laboratory: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Lab Supervisor: \_\_\_\_\_

SAFETY CATEGORY	REQUIREMENTS	✓	✗	NOTES
EMERGENCY EQUIPMENT				
Emergency shower/eyewash functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher (Type ABC) present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit fully stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone/communication device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill cleanup materials available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL STORAGE				
Chemicals properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incompatible chemicals separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage cabinets appropriate type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inventory list current and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expired chemicals disposed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary containment for liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VENTILATION SYSTEMS				
Fume hoods functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate face velocity (100 fpm min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General room ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust fans operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONAL PROTECTIVE EQUIPMENT				
Safety goggles available for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab aprons/coats provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves (various types) stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closed-toe shoes policy enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EQUIPMENT SAFETY				
Gas valves clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas shutoff accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot plates/burners inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glassware free of cracks/chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WASTE DISPOSAL				
Waste containers properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous waste segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broken glass container available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal procedures posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**LABORATORY-SPECIFIC HAZARDS:** ☐ Radiation sources (inventory current) ☐ Biological materials (proper containment) ☐ High voltage equipment (properly guarded) ☐ Pressure vessels (inspection current) ☐ Cryogenic materials (proper handling/storage)

**IMMEDIATE SAFETY CONCERNS:**

1.

2.

3.

4. PLAYGROUND AND ATHLETIC EQUIPMENT CHECKLIST

4.1 Playground Safety Inspection

Area: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Weather: \_\_\_\_\_

EQUIPMENT TYPE	ITEM	SAFE	REPAIR	REPLACE	NOTES
<b>SWINGS</b>					
	Swing seats secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Chains/ropes not twisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hardware tight and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adequate fall zone clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SLIDES</b>					
	Slide surface smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Handrails secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Steps/ladder stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Exit area clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CLIMBING EQUIPMENT</b>					
	Monkey bars secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Climbing walls intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Rope/net climbing secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fall surface adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SPRING RIDERS</b>					
	Springs secure and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Handles/grips secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Base anchoring solid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL PLAYGROUND</b>					
	Fencing secure and adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gates latch properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Surface material adequate depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Drainage adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Trash receptacles available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Benches/seating secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### SAFETY SURFACE INSPECTION:

- Material Type: ☐ Rubber ☐ Wood chips ☐ Sand ☐ Other: \_\_\_\_\_
- Depth Adequate: ☐ Yes ☐ No (Minimum 12" for equipment over 4' high)
- Surface Level: ☐ Even ☐ Needs leveling
- Foreign Objects Present: ☐ None ☐ Removed ☐ Need removal

#### 4.2 Athletic Equipment Safety Check

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_



EQUIPMENT	CONDITION	ACTION NEEDED
<b>BASKETBALL</b>		
Hoops/backboards secure	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Nets in good condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Court surface even/safe	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>SOCCER/FOOTBALL</b>		
Goals properly anchored	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Nets secure and intact	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Field free of hazards	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>TENNIS/VOLLEYBALL</b>		
Net posts secure	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Nets proper tension	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Court/area boundaries clear	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>TRACK &amp; FIELD</b>		
Track surface safe	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Field event areas clear	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Equipment storage secure	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

## 5. CAFETERIA AND KITCHEN SAFETY CHECKLIST

### 5.1 Food Service Area Inspection

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Kitchen Manager: \_\_\_\_\_ Time: \_\_\_\_\_

AREA	SAFETY REQUIREMENTS	PASS	FAIL	CORRECTIVE ACTION
<b>FOOD PREPARATION</b>				
Hand washing stations functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food prep surfaces clean/sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting boards color-coded properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers calibrated and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food storage temperatures correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EQUIPMENT SAFETY</b>				
Knives stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slicing equipment guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot surfaces marked/protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas connections secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CLEANING &amp; SANITATION</b>				
Cleaning chemicals properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Data Sheets available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwashing temperatures adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitizing solutions proper strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FIRE SAFETY</b>				
Fire suppression system functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hood and duct cleaning current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency shutoffs clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PERSONAL SAFETY</b>				
Non-slip mats in work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash station functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff wearing proper footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### TEMPERATURE LOG REVIEW:

- Refrigeration units: \_\_\_ °F (should be ≤40°F)
- Freezer units: \_\_\_ °F (should be ≤0°F)
- Hot holding: \_\_\_ °F (should be ≥140°F)
- Dishwasher final rinse: \_\_\_ °F (should be ≥180°F)

## 6. LIBRARY AND COMPUTER LAB CHECKLIST

### 6.1 Library Safety Inspection

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Librarian: \_\_\_\_\_ Area: \_\_\_\_\_

SAFETY ELEMENT	SATISFACTORY	NEEDS ATTENTION	COMMENTS
STRUCTURAL			
Shelving units secured to walls	<input type="checkbox"/>	<input type="checkbox"/>	
Aisles wide enough for wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	
Step stools stable and secure	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate for reading	<input type="checkbox"/>	<input type="checkbox"/>	
FURNITURE			
Tables and chairs stable	<input type="checkbox"/>	<input type="checkbox"/>	
Sharp corners protected	<input type="checkbox"/>	<input type="checkbox"/>	
Reading areas well-organized	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNOLOGY			
Computer workstations ergonomic	<input type="checkbox"/>	<input type="checkbox"/>	
Cables secured/not trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical outlets not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	
Printers in safe locations	<input type="checkbox"/>	<input type="checkbox"/>	

### 6.2 Computer Lab Safety Inspection

Lab Number: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Lab Coordinator: \_\_\_\_\_

TECHNOLOGY SAFETY	STATUS	ACTION REQUIRED
ELECTRICAL		
All equipment properly grounded	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Surge protectors used appropriately	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
No damaged cords or plugs	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Cable management systems in place	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
ERGONOMICS		
Monitor heights adjustable	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Chairs provide proper support	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Keyboard and mouse placement correct	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Adequate lighting to reduce glare	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
ENVIRONMENTAL		
Room temperature comfortable	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Ventilation adequate	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Humidity levels appropriate	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Clean environment maintained	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

## 7. TRANSPORTATION SAFETY CHECKLIST

### 7.1 School Bus Daily Inspection

Bus Number: \_\_\_\_\_ Date: \_\_\_\_\_ Driver: \_\_\_\_\_ Mileage: \_\_\_\_\_

INSPECTION ITEM	PASS	FAIL	DEFECT DESCRIPTION
EXTERIOR			
Tires (tread depth, pressure, condition)	<input type="checkbox"/>	<input type="checkbox"/>	
Lights (headlights, taillights, signals)	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors (clean, secure, properly adjusted)	<input type="checkbox"/>	<input type="checkbox"/>	
Body condition (no damage affecting safety)	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	
INTERIOR			
Driver's seat secure and adjustable	<input type="checkbox"/>	<input type="checkbox"/>	
Student seats secure and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Aisle clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency equipment present	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit stocked and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
MECHANICAL			
Brakes functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	
Steering responsive	<input type="checkbox"/>	<input type="checkbox"/>	
Engine running smoothly	<input type="checkbox"/>	<input type="checkbox"/>	
Transmission shifting properly	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust system secure	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY EQUIPMENT			
Fire extinguisher charged and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency warning devices present	<input type="checkbox"/>	<input type="checkbox"/>	
Two-way radio functional	<input type="checkbox"/>	<input type="checkbox"/>	
Student crossing mirrors adjusted	<input type="checkbox"/>	<input type="checkbox"/>	

DEFECTS REQUIRING IMMEDIATE ATTENTION:

1.
2.
3.

Driver Signature:  Date:  Maintenance Review:  Date:

8. FIRE SAFETY EQUIPMENT CHECKLIST

8.1 Monthly Fire Safety Inspection

Building/Area:  Date:  Inspector:  Time:

EQUIPMENT	LOCATION	FUNCTIONAL	NEEDS SERVICE	NOTES
<b>FIRE EXTINGUISHERS</b>				
ABC Type - Main Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABC Type - Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABC Type - Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Class K - Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABC Type - Science Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABC Type - Art Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SMOKE DETECTORS</b>				
Hallway - East Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallway - West Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administrative Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FIRE ALARMS</b>				
Pull Station - Main Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull Station - East Exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull Station - West Exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull Station - Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMERGENCY LIGHTING</b>				
Main Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EXIT SIGNS</b>				
Illuminated and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Battery backup functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**FIRE EXTINGUISHER DETAILED CHECK:**

- Gauge reading: ☐ Green zone ☐ Needs recharge
- Safety seal intact: ☐ Yes ☐ No
- Inspection tag current: ☐ Yes ☐ No
- Visible damage: ☐ None ☐ Describe: \_\_\_\_\_
- Accessibility: ☐ Clear ☐ Obstructed

**9. ELECTRICAL SAFETY INSPECTION CHECKLIST**

9.1 Electrical System Safety Check

Building/Area: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Electrician: \_\_\_\_\_

ELECTRICAL COMPONENT	SAFE	HAZARD	IMMEDIATE REPAIR	NOTES
MAIN ELECTRICAL PANEL				
Panel box secure and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circuit breakers labeled clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No exposed wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding system intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OUTLETS AND SWITCHES				
GFCI outlets in wet areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outlet covers secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No loose or damaged outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Switch plates secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXTENSION CORDS				
No permanent use of extension cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cords in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No daisy-chaining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper gauge for load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHTING				
All fixtures secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulbs proper wattage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No flickering or dimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ELECTRICAL HAZARDS IDENTIFIED: ☐ Overloaded circuits ☐ Damaged cords or equipment ☐ Missing GFCI protection ☐ Exposed wiring ☐ Improper grounding ☐ Other:

\_\_\_\_\_

\_\_\_\_\_

10. INSPECTION RECORD SUMMARY

10.1 Monthly Safety Inspection Summary

Month/Year: \_\_\_\_\_ Compiled by: \_\_\_\_\_

AREA INSPECTED	DATE	INSPECTOR	ISSUES FOUND	STATUS
General Facility				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Classrooms (List #s)				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Science Labs				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Playground				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Cafeteria/Kitchen				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Library/Computer Labs				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Transportation				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Fire Safety Equipment				<input type="checkbox"/> Complete <input type="checkbox"/> Pending
Electrical Systems				<input type="checkbox"/> Complete <input type="checkbox"/> Pending

### 10.2 Priority Action Items

PRIORITY	ISSUE DESCRIPTION	LOCATION	ASSIGNED TO	TARGET DATE	COMPLETED
HIGH					<input type="checkbox"/>
HIGH					<input type="checkbox"/>
MEDIUM					<input type="checkbox"/>
MEDIUM					<input type="checkbox"/>
LOW					<input type="checkbox"/>
LOW					<input type="checkbox"/>

### 10.3 Inspection Schedule Compliance

#### Required Annual Inspections:

- ☐ Fire Safety Systems (Professional inspection)
- ☐ Electrical Systems (Professional inspection)
- ☐ Playground Equipment (Certified inspector)
- ☐ HVAC Systems (Professional service)
- ☐ Kitchen Equipment (Health department)
- ☐ Transportation Fleet (DOT inspection)

#### Monthly Inspection Completion Rate:

- Target: 100% of scheduled inspections
- Actual: \_\_\_\_% completed on time
- Variance explanation: \_\_\_\_\_

#### Trends and Patterns:



- Most common safety issues: \_\_\_\_\_
- Areas requiring frequent attention: \_\_\_\_\_
- Improvement recommendations: \_\_\_\_\_

## 11. HVAC AND ENVIRONMENTAL SYSTEMS CHECKLIST

### 11.1 Heating, Ventilation, and Air Conditioning Inspection

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ System Type: \_\_\_\_\_ Last Service Date: \_\_\_\_\_

SYSTEM COMPONENT	OPERATIONAL	NEEDS SERVICE	FAILED	NOTES
HEATING SYSTEM				
Boiler/furnace operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermostat controls working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiators/vents unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency shutoffs accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas connections secure (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VENTILATION				
Air intake filters clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust fans operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ductwork secure and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation rates adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AIR CONDITIONING				
Cooling units operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerant levels adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condensate drains clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical connections secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### ENVIRONMENTAL MEASUREMENTS:

- Temperature: \_\_\_\_°F (Target: 68-72°F)
- Humidity: \_\_\_\_% (Target: 30-50%)
- Air Changes per Hour: \_\_\_\_ (Minimum: 6 for classrooms)
- CO<sub>2</sub> Levels: \_\_\_\_ppm (Target: <1000ppm)

#### FILTER REPLACEMENT SCHEDULE:

- Last Replacement: \_\_\_\_\_

- Filter Type/Size: \_\_\_\_\_
- Next Replacement Due: \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Replace Now

## 12. WATER SYSTEMS AND PLUMBING CHECKLIST

### 12.1 Water Safety and Plumbing Inspection

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Water Source: \_\_\_\_\_ Last Testing Date: \_\_\_\_\_

WATER SYSTEM	SATISFACTORY	NEEDS ATTENTION	IMMEDIATE ACTION	NOTES
DRINKING WATER				
Water fountains operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water taste/odor normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water pressure adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fountains clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead testing current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RESTROOM FACILITIES				
Hot water temperature safe (100-110°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soap dispensers filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paper towels stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets/urinals functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixtures secure and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KITCHEN/FOOD SERVICE				
Dishwasher water temperature adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand washing stations functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice machine clean and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grease traps serviced regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL PLUMBING				
No visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water shut-off valves accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backflow prevention devices tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drain systems flowing properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**WATER QUALITY TEST RESULTS:**

- Bacterial Count: \_\_\_\_\_ (Standard: <1 CFU/100ml)
  - Chlorine Residual: \_\_\_\_\_ (Target: 0.2-2.0 mg/L)
  - pH Level: \_\_\_\_\_ (Acceptable: 6.5-8.5)
  - Lead Content: \_\_\_\_\_ (Maximum: 15 ppb)
  - Last Professional Testing: \_\_\_\_\_
- 

**13. SECURITY SYSTEMS CHECKLIST**

**13.1 Security and Access Control Inspection**

**Date:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_ **Security Company:** \_\_\_\_\_ **Last Service:**  
\_\_\_\_\_

SECURITY COMPONENT	FUNCTIONAL	NEEDS REPAIR	UPGRADE NEEDED	NOTES
ACCESS CONTROL				
Main entrance locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Card reader systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keypad entry systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lock releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Master key system secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SURVEILLANCE SYSTEM				
Camera coverage adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recording system operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor displays clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Night vision functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage capacity adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALARM SYSTEMS				
Intrusion alarms tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motion detectors working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door/window sensors active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication to monitoring center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backup power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERIMETER SECURITY				
Fencing secure and intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gates locking properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landscaping trimmed (visibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECURITY INCIDENT LOG REVIEW:

Number of incidents this month: \_\_\_\_\_

Types of incidents: \_\_\_\_\_

Response time average: \_\_\_\_\_ minutes

System failures/false alarms: \_\_\_\_\_

14. EMERGENCY EQUIPMENT CHECKLIST

14.1 Emergency Response Equipment Inspection

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Emergency Coordinator: \_\_\_\_\_ Time: \_\_\_\_\_

EQUIPMENT TYPE	LOCATION	QUANTITY	CONDITION	EXPIRATION	ACTION NEEDED
<b>FIRST AID SUPPLIES</b>					
First Aid Kits - Classrooms	Main Office	25	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
First Aid Kits - Hallways	Various	8	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
AED Units		3	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Emergency Oxygen	Nurse Office	1	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
<b>EMERGENCY COMMUNICATION</b>					
Two-way Radios	Security/Admin	12	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Bullhorn/Megaphone	Main Office	2	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Emergency Phone	Various	15	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
<b>EMERGENCY SUPPLIES</b>					
Emergency Water	Storage Room	50 gal	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Emergency Food	Storage Room	3-day supply	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Flashlights	Various	25	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Batteries	Storage	100 AA/AAA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Emergency Blankets	Storage	50	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
<b>EVACUATION EQUIPMENT</b>					
Evacuation Chairs	2nd Floor	4	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Stretchers	Nurse Office	2	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Wheelchairs	Various	3	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		

EMERGENCY SUPPLY INVENTORY STATUS:

- Last Inventory Date: \_\_\_\_\_
- Items Needing Replacement: \_\_\_\_\_
- Budget Required for Updates: \$\_\_\_\_\_
- Next Scheduled Inventory: \_\_\_\_\_

15. SPECIALIZED AREA INSPECTIONS

15.1 Art Room Safety Checklist

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Art Teacher: \_\_\_\_\_ Room Number: \_\_\_\_\_

ART ROOM SAFETY	COMPLIANT	NON-COMPLIANT	NOTES
CHEMICAL STORAGE			
Art supplies properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic materials secured	<input type="checkbox"/>	<input type="checkbox"/>	
MSDS sheets available	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation adequate for fumes	<input type="checkbox"/>	<input type="checkbox"/>	
TOOL SAFETY			
Sharp tools stored securely	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting mats available	<input type="checkbox"/>	<input type="checkbox"/>	
Safety instructions posted	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit accessible	<input type="checkbox"/>	<input type="checkbox"/>	
EQUIPMENT			
Kiln safety protocols followed	<input type="checkbox"/>	<input type="checkbox"/>	
Pottery wheels stable	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash station functional	<input type="checkbox"/>	<input type="checkbox"/>	

15.2 Music Room Safety Checklist

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Music Teacher: \_\_\_\_\_ Room Number: \_\_\_\_\_

<b>MUSIC ROOM SAFETY</b>	<b>SAFE</b>	<b>NEEDS ATTENTION</b>	<b>NOTES</b>
<b>EQUIPMENT STORAGE</b>			
Instruments stored securely	<input type="checkbox"/>	<input type="checkbox"/>	
Music stands stable	<input type="checkbox"/>	<input type="checkbox"/>	
Sound equipment properly mounted	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical cords managed safely	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ACOUSTIC SAFETY</b>			
Sound levels monitored	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing protection available	<input type="checkbox"/>	<input type="checkbox"/>	
Room acoustics appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GENERAL SAFETY</b>			
Emergency exits clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	
Room capacity not exceeded	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit present	<input type="checkbox"/>	<input type="checkbox"/>	

### 15.3 Workshop/Technical Education Checklist

**Date:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_ **Shop Teacher:** \_\_\_\_\_ **Room/Shop:** \_\_\_\_\_

WORKSHOP SAFETY	COMPLIANT	VIOLATION	IMMEDIATE ACTION	NOTES
MACHINE SAFETY				
Guards in place on all machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stops functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout/tagout procedures posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONAL PROTECTIVE EQUIPMENT				
Safety glasses available/required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing protection provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust masks/respirators available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate clothing requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VENTILATION & DUST CONTROL				
Dust collection systems working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local exhaust ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air quality monitors functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOOL STORAGE & MAINTENANCE				
Hand tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power tools properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tool inventory current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regular maintenance performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16. SEASONAL SAFETY INSPECTIONS

16.1 Winter Weather Preparation Checklist

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Preparation for Winter Season:

\_\_\_\_\_



WINTER PREPAREDNESS	COMPLETED	IN PROGRESS	NOT STARTED	TARGET DATE
HEATING SYSTEMS				
Furnace/boiler inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heating system testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermostat calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel supply adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WEATHERIZATION				
Roof inspection for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gutter cleaning and repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Window/door seal inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY EQUIPMENT				
Snow removal equipment ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice melt/salt supplies stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency generator tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OUTDOOR AREAS				
Playground equipment winterized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water systems freeze protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor furniture stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16.2 Summer Preparation Checklist

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Preparation for Summer Season:  
\_\_\_\_\_

SUMMER PREPAREDNESS	COMPLETED	IN PROGRESS	NOT STARTED	TARGET DATE
COOLING SYSTEMS				
Air conditioning service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filter replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerant levels checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OUTDOOR SAFETY				
Pool safety equipment checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Playground shade structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor water stations ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sun protection measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PEST CONTROL				
Insect control measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounds maintenance plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food storage protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 17. INSPECTION REPORT TEMPLATES

### 17.1 Incident Report Follow-up Inspection

Original Incident Date: \_\_\_\_\_ Incident Number: \_\_\_\_\_ Follow-up Inspection Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_

INCIDENT SUMMARY:

- Type of Incident: \_\_\_\_\_
- Location: \_\_\_\_\_
- Persons Involved: \_\_\_\_\_
- Immediate Cause: \_\_\_\_\_

CORRECTIVE ACTIONS IMPLEMENTED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

VERIFICATION OF CORRECTIONS:

Corrective Action	Completed	Effective	Additional Action Needed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RECOMMENDATIONS FOR PREVENTION:

17.2 Annual Comprehensive Safety Audit Summary

Audit Period: \_\_\_\_\_ Audit Team: \_\_\_\_\_ Report Date: \_\_\_\_\_ Next Audit Due: \_\_\_\_\_

OVERALL SAFETY PERFORMANCE:

- Total Inspections Completed: \_\_\_\_\_
- Safety Issues Identified: \_\_\_\_\_
- High Priority Issues: \_\_\_\_\_
- Issues Resolved: \_\_\_\_\_ (\_\_\_\_%)
- Outstanding Issues: \_\_\_\_\_

SAFETY PERFORMANCE METRICS:

- Incident Rate: \_\_\_\_\_ per 1000 students/staff
- Response Time to Safety Issues: \_\_\_\_\_ days average
- Training Completion Rate: \_\_\_\_\_%
- Budget Allocated to Safety: \$\_\_\_\_\_

TOP SAFETY CONCERNS IDENTIFIED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

RECOMMENDATIONS FOR IMPROVEMENT:

COMPLIANCE STATUS:

- ☐ Fully Compliant with all regulations
- ☐ Minor compliance issues (list): \_\_\_\_\_

- ☐ Major compliance issues requiring immediate attention

## 18. INSPECTION SCHEDULING AND TRACKING

### 18.1 Annual Inspection Calendar

MONTH	REQUIRED INSPECTIONS	RESPONSIBLE PARTY	STATUS
JANUARY	Fire extinguisher service, HVAC filter change	Facilities Manager	<input type="checkbox"/>
FEBRUARY	Playground equipment, electrical systems	Safety Officer	<input type="checkbox"/>
MARCH	Kitchen equipment, emergency supplies	Food Service Manager	<input type="checkbox"/>
APRIL	Transportation fleet, water systems	Transportation Coordinator	<input type="checkbox"/>
MAY	Science lab equipment, security systems	Lab Coordinator	<input type="checkbox"/>
JUNE	Summer preparation, outdoor equipment	Facilities Manager	<input type="checkbox"/>
JULY	Deep cleaning inspection, maintenance review	Cleaning Supervisor	<input type="checkbox"/>
AUGUST	New school year preparation, all systems	Safety Officer	<input type="checkbox"/>
SEPTEMBER	Emergency drill evaluation, staff training	Emergency Coordinator	<input type="checkbox"/>
OCTOBER	Fall preparation, heating systems	Facilities Manager	<input type="checkbox"/>
NOVEMBER	Winter preparation, lighting systems	Safety Officer	<input type="checkbox"/>
DECEMBER	Year-end safety review, budget planning	Principal	<input type="checkbox"/>

### 18.2 Inspection Tracking Database

**Inspector Information:**

- Name: \_\_\_\_\_
- Certification/Training: \_\_\_\_\_
- Contact Information: \_\_\_\_\_
- Areas of Responsibility: \_\_\_\_\_

**Equipment/Area Assignment:**

- Primary Areas: \_\_\_\_\_
- Inspection Frequency: \_\_\_\_\_
- Last Inspection Date: \_\_\_\_\_
- Next Inspection Due: \_\_\_\_\_

**Inspection History:**

Date	Area	Issues Found	Actions Taken	Follow-up Required
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Document Control and Approval

**Prepared by:** Health & Safety Officer, Universe International School **Reviewed by:** Facilities Manager, Principal **Approved by:** Board of Directors **Effective Date:** [Date] **Review Cycle:** Annual **Distribution:** All Department Heads, Facilities Staff, Safety Committee

### Version Control:

- Version 1.0: Initial document creation
- Last Updated: [Date]
- Next Review Date: [Date]

### Training Requirements:

- All staff must be familiar with relevant inspection checklists
- Designated inspectors must complete safety inspection training
- Annual review of inspection procedures required
- New staff orientation includes inspection responsibilities

*For questions about inspection procedures or to report safety concerns, contact the Health & Safety Officer at [safety@uis-erbil.edu](mailto:safety@uis-erbil.edu) or [phone number].*