

MASON COUNTY SCHOOLS MONTHLY SAFETY INSPECTION REPORT

School / Site: _____ Date: _____

Inspected By (Name & Title) _____

The following checklist must be used for monthly safety inspections. Keep a copy for your records and submit the completed inspection report to the Safety Office.

	YES	NO
1. Fence Satisfactory	_____	_____
2. Playground Equipment OK	_____	_____
3. Walks Satisfactory	_____	_____
4. Steps Satisfactory	_____	_____
5. Flammables in Safe Storage	_____	_____
6. Furnace Room Orderly	_____	_____
7. Furnace Operational	_____	_____
8. Air Conditioning OK	_____	_____
9. Kitchen Equipment Clean	_____	_____
10. Kitchen Equipment Operational	_____	_____
11. Disposal Facilities Sanitary	_____	_____
12. Custodial Storage Orderly	_____	_____
13. Fire Alarm Operational	_____	_____
14. Halls Unobstructed	_____	_____
15. Fire Doors Closed	_____	_____
16. Inside Steps OK	_____	_____
17. Inside Railings OK	_____	_____
18. Electrical Equipment OK	_____	_____
19. Electrical Outlets OK	_____	_____
20. Windows Safe	_____	_____
21. Floors Safe	_____	_____
22. Rooms Free of Protrusions (jutting pipe, sharp metal, etc.)	_____	_____
23. Furniture Safe	_____	_____
24. Room Storage Safe	_____	_____
25. Cabinets Close Properly	_____	_____
26. Fire Extinguishers Mounted	_____	_____
27. Fire Extinguishers Charged	_____	_____

Comments: _____

Was a Maintenance Work Order submitted to cover each needed correction? _____ If not, why? _____

Principal / Building Administrator _____

Date Submitted _____