



Monthly Property Checklist

Injury & Illness Prevention Program / Loss Control Program

Please complete this form and forward a copy to the Risk Management Department on the second Friday of **each** month. *(Keep the original copy in your Injury Illness Prevention Plan file.)* List each item requiring correction and identify the area, building, and room in each case, using the space provided. Indicate the specific action taken in remarks section.

School: _____

Date: _____

Inspection by: _____

Custodian's Signature

Fire Alarms		Yes	No	N/A
1	Detectors are undamaged?			
	Bells / horns are functioning?			
	Zone map mounted in office?			
	Date of last fire drill:		/	/
Intrusion Alarms		Yes	No	N/A
2	Is operable?			
	Zone map mounted in office?			
	Date alarm tested?		/	/
Material Safety Data Sheets		Yes	No	N/A
3	Are accessible to employees?			
	Updated?			
Asbestos		Yes	No	N/A
4	Asbestos-containing building materials are in good condition?			
Fences / Gates		Yes	No	N/A
5	Good repair?			
	Gates secure?			
	Safely remain in opened and closed positions?			
Premises (Interior & Exterior)		Yes	No	N/A
6	Sidewalks, walking surface, parking lots, steps, stairways, hallways, ramps, etc. free from slip and trip hazards, limbs, or obstructions?			
	Handrails are in place and secure?			
	Free of safety hazards caused by trees, limbs, or roots?			
	Sinks / Restrooms free of water leaks?			
Doors		Yes	No	N/A
7	Good repair?			
Windows and Skylights		Yes	No	N/A
8	Latch in good repair?			
	Windows / skylights free of damage?			
Drinking Fountains		Yes	No	N/A
9	Are drinking fountains accessible?			
	Is water pressure adequate?			
	Is the fountain free of leaks or drips?			
	Is the fountain free of mold or moss?			
	Is the water clear and tasteless?			

Principal's Designee Signature

Electrical (Interior & Exterior)		Yes	No	N/A
10	Switch / junction boxes covered?			
	Cords, plugs, wiring, receptacles in good condition?			
	Electrical panels unobstructed (36" clearance)			
	Electrical panel rooms locked?			
Lights (Interior & Exterior)		Yes	No	N/A
11	Light fixtures in working order?			
	There is adequate lighting?			
	Diffusers in Place?			
Housekeeping		Yes	No	N/A
12	Trash and garbage pick up on regular schedule?			
	Flammable liquids stored in approved safety cans and/or metal cabinet?			
	Dumpsters away from building?			
	Rooms free of heavy fire load?			
	Rooms free of heavy high storage?			
	Oily rags stored in proper receptacles and emptied daily?			
Indoor Air Quality		Yes	No	N/A
13	Are filters clean?			
	Free from mold or mildew?			
Fire Extinguishers		Yes	No	N/A
14	Extinguishers hung properly? (3'-5')			
	Fully charged?			
	Pin secured?			
	Accessible?			
	Inspection current?			
Arson Prevention		Yes	No	N/A
15	"We-Tip" posters are in place?			
Automatic Fire Sprinklers		Yes	No	N/A
16	Valve locked in open position?			
	18" clearance below all sprinkler heads?			
	Extra heads / wrench is available?			
	Date of last inspection:		/	/

Kiln Rooms		Yes	No	N/A
17	There is At least 18" clearance around kilns?			
	Free of flammables?			
	Free of chemical storage?			
	Exhaust fan operational?			

Audiovisual Equipment, Office Machines, Computers		Yes	No	N/A
18	Stored in designated rooms or cabinets?			
	Permanently marked?			
	Secured to stands?			
	Transporting stands safe and adequate?			

Science Labs		Yes	No	N/A
19	Emergency gas/water/electrical shut offs clearly marked?			
	Emergency eye wash station functional?			
	Emergency shower station functional?			
	Flammable liquid stored in flame resistant cabinet?			
	Chemicals in marked containers and safely stored?			
	House keeping in Science Lab ok?			

Playground Equipment		Yes	No	N/A
20	Good condition?			
	Sufficient fall surfacing material?			

Cafeteria, Auditorium, Gymnasium		Yes	No	N/A
21	In-wall tables in good condition?			
	Do portable tables close and stay closed?			
	Benches and seats in good condition?			
	Bleachers in good condition?			
	Exit lights operating?			
	Emergency lights operating?			
	Locker rooms in good condition?			
	Choking posters properly posted?			

Grounds		Yes	No	N/A
22	Valve boxes are covered and free of damage?			
	Electrical panels free of damage?			
	Sprinkler heads free of damage?			
	Turf is free of trip hazards?			

Outside / Athletic Facilities		Yes	No	N/A
23	Fields are in good condition?			
	Bleachers in good condition?			
	Dugouts in good condition?			
	Tennis courts in good condition?			
	Basketball courts in good condition?			
	Baskets free of chain nets?			
	Football goals safely arranged?			
Soccer goals safely arranged?				

Swimming Pool Area		Yes	No	N/A
24	Depth markings are in good condition?			
	Decking in good condition?			
	Bleachers in good condition?			
	Diving boards and towers in good condition?			
	Pool handrails in good condition?			
	Emergency / rescue equipment in place?			
	Rules posted?			
	Filter covers in place?			

Elevators / Lifts		Yes	No	N/A
25	Are elevators/lifts working properly?			
	Are inspections current?			

Shop Areas / Machinery / Equipment / Power Tools (Instructional & District areas)		Yes	No	N/A
26	Moving parts guarded?			
	Equipment properly grounded or double-insulated?			
	Tools in good condition?			
	Cords in good condition?			
	Housekeeping in shop areas ok?			
	Personal protective equipment available and in good condition?			
	Emergency eye wash station functional?			
	Emergency shower station functional?			

Ladders		Yes	No	N/A
27	Are in good repair?			
	Shock hazard warning posted on aluminum ladders?			

Other: specify		Yes	No	N/A
28				

School: _____

Date: _____

