

Hallways, Stairwells and Common Areas SAFETY AND HEALTH CHECKLIST
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Name of School: _____

Inspection Team: _____

Date Inspected: _____

Scale: **S** (SATISFACTORY) **N** (NOT SATISFACTORY) **N/A** (NOT APPLICABLE)

Guidelines to follow:

- | | | | |
|---|---|---|-----|
| 1. Ceiling (fixtures, plaster, etc.) in good repair?..... | S | N | N/A |
| 2. No objects hanging from light fixtures or ceiling?..... | S | N | N/A |
| 3. General lighting functioning?..... | S | N | N/A |
| 4. Corridors not obstructed (tables, desks, etc.)?..... | S | N | N/A |
| 6. Covers present on breaker panels?..... | S | N | N/A |
| 7. Breaker panel locked at all times?..... | S | N | N/A |
| 8. Stairwells not obstructed (tables, desks, etc.)?..... | S | N | N/A |
| 9. Fire extinguisher inspected monthly and tag signed?..... | S | N | N/A |
| 10. Fire extinguishers visible from any point in hallways?..... | S | N | N/A |
| 11. Fire exit signs illuminated?..... | S | N | N/A |
| 12. Fire doors clear, closing properly and latching?..... | S | N | N/A |
| 13. General cleanliness?..... | S | N | N/A |
| 14. Paper on walls restricted to bulletin boards (no more than 5% of wall space)? | S | N | N/A |
| 15. Area free from litter?..... | S | N | N/A |
| 16. Ceiling tiles in place and in good repair?..... | S | N | N/A |

Comments or Concerns: (Use this area to indicate specific room numbers, areas, etc. that may require attention)

WPS&H Representative: _____ **Date:** _____

Principal/Building Manager: _____ **Date:** _____