

Building Security
SAFETY AND HEALTH CHECKLIST

Name of School: _____

Inspection Team: _____

Date Inspected: _____

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

Guidelines to follow:

- | | | | |
|--|---|---|-----|
| 1. Does your building have a cell phone? | S | N | N/A |
| 2. Does your building have hiding spots (i.e. vestibules, short halls leading to the outside, etc.)?..... | S | N | N/A |
| 3. Does your building have mirrors to easily show the hiding spots from the main hall?..... | S | N | N/A |
| 4. Is there someone assigned to monitor the hiding spots?..... | S | N | N/A |
| 5. Are the staff informed to watch for unknown persons?..... | S | N | N/A |
| 6. Are “visitors report to office” signs clearly posted?..... | S | N | N/A |
| 7. Do you have a system to let the staff know a person is a registered visitor (ie. visitor’s badge)?..... | S | N | N/A |
| 8. Are all unused rooms locked at all times? | S | N | N/A |
| 9. Are all areas (hiding spots) well lit?..... | S | N | N/A |
| 10. Are all outdoor and indoor lighting functioning?..... | S | N | N/A |
| 11. Do you have a “lock-down” procedure?..... | S | N | N/A |
| 12. Are all the staff aware of their responsibilities for the “lock-down” procedure?..... | S | N | N/A |
| 13. Is the “lock-down” procedure practiced on a regular basis?..... | S | N | N/A |
| 14. Once a “lock-down” occurs or practiced, are the key people able to assess the procedure?..... | S | N | N/A |
| 15. Are washroom breaks monitored for reasonable time limit?..... | 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:** _____