

<b>General Classroom, Office, Store Rooms SAFETY AND HEALTH CHECKLIST</b>
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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. Emergency fire exit route clearly posted?.....  | S | N | N/A |
| 6. No extension cords used as fixed/permanent wiring?.....   | S | N | N/A |
| 7. No combustibles kept near radiator or other heat sources?.....  | S | N | N/A |
| 8. All materials labeled and stored properly as per WHMIS requirements?.....   | S | N | N/A |
| 9. General cleanliness satisfactory?.....  | S | N | N/A |
| 10. Office Only: A current (within last 3 years) MSDS (Material Safety Data Sheet)<br>for each chemical present and accessible?..... | S | N | N/A |
| 11. Office Only: Inventory current for all areas (kept in MSDS binder)?.....   | S | N | N/A |
| 12. First Aid kit(s) present, accessible and properly stocked?.....  | S | N | N/A |
| 13. Suspended ceiling tiles are in place?.....   | S | N | N/A |
| 14. Paper on walls restricted to bulletin boards?.....   | 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:** \_\_\_\_\_