

Quarterly Safety Inspection

School: _____ Inspected by: _____ Date: _____

<p style="text-align: center;"><i>Directions:</i></p> <ul style="list-style-type: none"> List location(s) of concern in spaces below To the right, indicate with a check what needs to be corrected 		Extension Cords	Exits Clear	No Paper On Exit Doors	< 20% Paper	Fire Extinguishers	Storage of Chemicals	TV Secured	Shelves/ Book Cases Secured	Paper Cutter Safe	First Aid Kit	Door Locks	Clutter- free	
Classroom:														
Gym														
Hallways														
Workroom														
Storage Rooms														
Office:														
Electrical Panels														
Grounds:	_____													

Other:	_____													

All campus inspected and no safety concerns found.

Signature _____