

# Quarterly Safety Inspection

School: \_\_\_\_\_ Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><i>Directions:</i></p> <ul style="list-style-type: none"> <li>• List location(s) of concern in spaces below</li> <li>• To the right, indicate with a check what needs to be corrected</li> </ul>		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	
<b>Classroom:</b>														
<b>Gym</b>														
<b>Hallways</b>														
<b>Workroom</b>														
<b>Storage Rooms</b>														
<b>Office:</b>														
<b>Electrical Panels</b>														
<b>Grounds:</b>	_____													
	_____													
<b>Other:</b>	_____													
	_____													

All campus inspected and no safety concerns found.

Signature \_\_\_\_\_