



SCHOOLS INSURANCE AUTHORITY
SITE SAFETY INSPECTION CHECKLIST

We request that pages 1-4 be completed by the site principal

School _____ District _____

Principal _____ Grade Span _____

Facility Manager/Custodian _____

Average Daily Attendance (no percentages) _____

Inspector's Name _____

, Q V S H District U V _____

Inspector's Name _____

, Q V S H District U V _____

Date of Inspection _____

Statement of Purpose: Schools Insurance Authority, your insurance program administrator, is required to conduct twice yearly site inspections for the specific purpose of reducing potential losses and improving overall safe conditions.

Inspection Criteria: School sites are selected for inspection not by chance but on a rotation basis. However, sites that are found to be in poor safety condition may be reinspected more often than others.

Inspection Guidelines: The site administrator at the site to be inspected should be notified in advance of the upcoming inspection. Site administrators should make arrangements for the inspector to conduct their inspections in an unencumbered manner. Further, administrators should make arrangements for the head custodian to be available for the inspection. We recommend completing sections I, II, and III prior to the inspection.

A general inspection orientation will be conducted via Zoom. Attendance at the orientation should be the site administrator or his/her representative and the head custodian. The head custodian should also accompany the

| <u>I (a). Cal OSHA Requirements</u> | No | Yes |
|--|----|-----|
| 1. Have you implemented an Injury and Illness Prevention Program (IIPP) on site? | | |
| 2. Does all of your staff know the location of the IIPP? | | |
| 3. Is your IIPP updated with the latest COVID Prevention Plan (CPP)? | | |
| 4. Do you have an on-site safety committee? | | |
| 5. Do you have a written Hazard Communication program? | | |

6

| <u>WHEELCHAI R LIFTS</u> | N/A | No | Yes |
|--------------------------|-----|----|-----|
|--------------------------|-----|----|-----|

III (a). FIRE AND INTRUSION PREVENTION

N/A

No

Yes

| IV (a). BUILDINGS/CLASSROOMS, GENERAL Please use this checklist for each URRP EHLQJ LQVSHFWHG \$OC detailed on the back of this page. | N/A | No | Yes |
|---|-----|----|-----|
| ROOM # _____ PLEASE INSPECT 3 CLASSROOMS | | | |
| 1. Are extension cords and power taps used properly? (e.g. cords and taps plugged directly into outlet appliances must be plugged directly into the wall) | | | |
| 2. Are electrical outlets and switches in working order with covers present? | | | |
| 3. Is there at least 36" clearance in front of electrical panels? (Cal OSHA requirement) | | | |
| 4. Are all paper cutters equipped with finger guards? | | | |
| 5. Is the room free from tipping hazards? | | | |
| 6. For security purposes are shades and blinds in proper working order? | | | |

7. Ar[(7 366.62 re f* 96 (Ar)-w04 (r)-3.VS9.5-)-5 ()-1.998d(h)-5 (az)-3.00apn504 52

| IV (a). BUILDINGS/CLASSROOMS, GENERAL Please use this checklist for U H D F K U R R P E H L Q J L Q V S H F W H G detailed on the back of this page. | N/A | No | Yes |
|---|-----|----|-----|
| ROOM # _____ PLEASE INSPECT 3 CLASSROOMS | | | |
| 1. Are extension cords and power taps used properly? (e.g. cords must be plugged directly into the wall; power tap is plugged directly into outlet; appliances must be plugged directly into the wall) | | | |
| 2. Are electrical outlets and switches in working order with covers present? | | | |
| 3. Is there at least 36" of clearance in front of electrical panels? (Cal OSHA requirement) | | | |
| 4. Are all paper cutters equipped with finger guards? | | | |
| 5. Is the room free from tripping hazards? | | | |
| 6. For security purposes, are shades and blinds in proper working order? | | | |
| 7. Are TVs and audio equipment properly secured to AV carts, brackets or locked cabinet? | | | |
| 8. Are AV carts labeled with tip-over warning labels? * SIA has free label available | | | |
| 9. Are overhead shelves properly loaded? (Heavy objects should be at floor level) | | | |
| 10. Are the fire and intrusion alarm sensors free from interference? (e.g. room modifications, bookshelves, decorations) | | | |
| 11. Do walls have 25% or less of the wall space covered with paper? | | | |
| 12. Is the pull down map, screen and/or smart board secure so it will not fall from mounting? | | | |
| 13. Are bottles and containers properly labeled and stored secure | | | |

V. PLAYGROUND STRUCTURE

Location: _____

Please use this checklist for playgrounds inspected. Please note specific hazards on the back of this sheet.

N/A

No

Yes

1. What is the age range of t

Use this space to draw a diagram of the playground to illustrate areas of safety concern.

REMARKS

V. PLAYGROUND STRUCTURE

Location: _____

Please use this checklist for playgrounds inspected. Please note specific hazards on the back of this sheet.

N/A

No

Yes

1. What is the age range of this structure? _____

2. Is this playground Transitional Kindergarten (TK) appropriate?

VI (a). FOOD PREPARATION AREA

N/A

No

Yes

1. Are facilities clean and sanitary

| VIII. SCIENCE CLASSROOM (| | | |
|---|--|-----------|------------|
| GENERAL | | No | Yes |
| 1. Is the room maintained in a neat and orderly manner with all exits clear of obstructions? (90% of all accidents relate to housekeeping) | | | |

2. Is there a posted evacuation plan in case of emergency?

| | | | | |
|--|--|--|--|--|
| 7. Have the tags on fire extinguishers been signed each month to indicate that it has been checked for charge? | | | | |
|--|--|--|--|--|

REMARKS

* Please be sure to clearly indicate the classroom number.

Location:

Location:

IX (b). WEIGHT ROOM

N/A

No

Yes

X (a). BUILDING AND GROUNDS

XI. MAIN CUSTODIAL ROOM

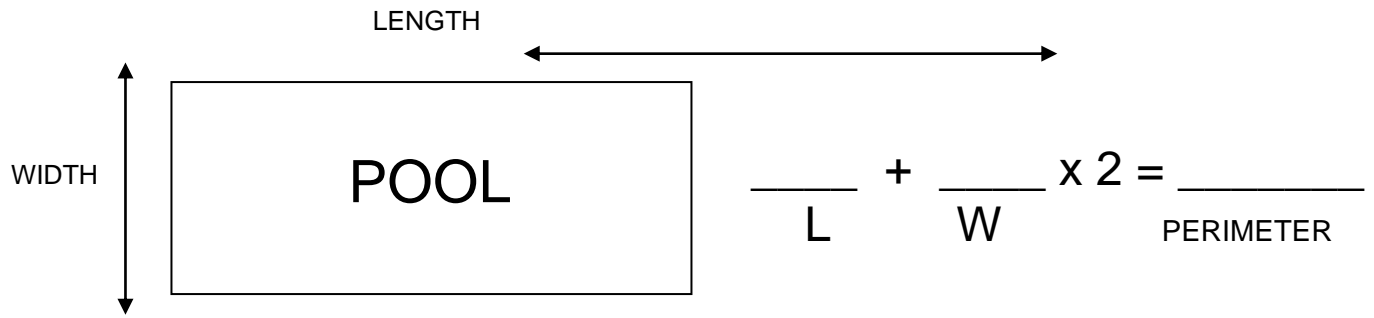
| | N/A | No | Yes |
|---|-----|----|-----|
| 1. Are all secondary containers properly identified? | | | |
| 2. Are all chemicals and equipment stored properly and district authorized? | | | |
| 3. Are printed safety and data sheets (SDS) available for all chemicals? | | | |

4. Is gas powered equipment stored in a well ventilated area separately and away from employees?

| XII. RESTROOMS (LOCATION _____) | N/A | No | Yes |
|---|-----|----|-----|
| 1. Are trash containers made of metal or fire rated plastic material? | | | |
| 2. Is their adequate waste receptacle capacity? | | | |
| 3. Are restrooms equipped with smoke or heat detectors? | | | |
| 4. Are restrooms | | | |

| XIV. SWIMMING POOLS | N/A | No | Yes |
|---|-----|----|-----|
| 1. Is the pool surface in good condition? (Check for cracks and obstructions) | | | |
| 2. Is the deck surface in good condition? | | | |
| 3. Are filter covers in place? | | | |
| 4. Is the chemical balance maintained at the recommended level? | | | |
| 5. Is the diving board(s) in good visual condition? | | | |
| 6. Is the depth of the pool deep enough for the diving board(s)? Minimum 9 feet | | | |
| 7. Are racing blocks in good condition? | | | |
| 8. Are the pool ladders in good condition? | | | |
| 9. Are all pool depth markings visible ; minimum depth is 3' (at shallow end)? | | | |
| 10. Are life rings, safety line and rescue hook in place and in satisfactory condition? | | | |
| 11. Is a first aid kit available? If the first aid kit is not visible please ensure there is a label or signage indicating location (i.e. Red Cross or verbiage). | | | |
| 12. Is the swimming pool area sufficiently fenced off from public/students wanting to gain entry after normal business hours? | | | |

PERIMETER OF THE POOL (you can measure or ask the customer):



REMARKS
