(Name of your School District here)

**MONTHLY PROPERTY CHECKLIST**

Please complete this form and forward the original to (designated office) on Friday of the first week of each month. (Keep a photocopy for your files.) List each item requiring correction and IDENTIFY THE AREA, BUILDING, AND ROOM IN EACH CASE, using the space provided.

Indicate specific action taken in REMARKS section on page 2.

School:

Inspection made by Custodian's Signature

Report No: Date:

Month Day Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal's Signature

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | SATISFACTORY | | |
|  |  | YES | NO | N/A |
| 1) | FIRE ALARMS | | | |
|  | Detectors undamaged? |  |  |  |
|  | Bells/horns functional? |  |  |  |
|  | Date of last fire drill: | / / | | |
|  | Date alarm tested: | / / | | |
|  | Zones(s) tested: | | | |
|  |  | | | |
| 2) | INTRUSION ALARMS | | | |
|  | Operable? |  |  |  |
|  | Date alarm tested: | / / | | |
|  | Zone(s) tested: | | | |
|  |  | | | |
| 3) | AUDIOVISUAL EQUIPMENT, OFFICE MACHINES, COMPUTERS | | | |
|  | Stored in designated rooms or cabinets? |  |  |  |
|  | Permanently marked? |  |  |  |
|  | Secured to stands? |  |  |  |
|  | Transporting stands safe and adequate? |  |  |  |
|  |  | | | |
| 4) | DOORS | | | |
|  | Good repair? |  |  |  |
|  |  | | | |
| 5) | FENCES/GATES | | | |
|  | Good repair? |  |  |  |
|  |  | | | |
| 6) | ELECTRICAL (INTERIOR AND EXTERIOR) | | | |
|  | Switch/junction boxes covered? |  |  |  |
|  | Cords, plugs, wiring, receptacles in good condition? |  |  |  |
|  | Electrical panels unobstructed?  (36" clearance) |  |  |  |
|  | Electrical panel rooms locked? |  |  |  |
|  |  | | | |
| 7) | FIRE EXTINGUISHERS | | | |
|  | Extinguishers hung properly? (5' or lower) |  |  |  |
|  | Fully charged? |  |  |  |
|  | Pin secured? |  |  |  |
|  | Accessible? |  |  |  |
|  | Inspection current? |  |  |  |
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| --- | --- | --- | --- | --- |
|  |  | SATISFACTORY | | |
|  |  | YES | NO | N/A |
| 8) | AUTOMATIC SPRINKLERS | | | |
|  | Valve locked in open position? |  |  |  |
|  | 18" clearance below all sprinkler heads? |  |  |  |
|  | Extra heads and wrench available? |  |  |  |
|  | Date of last inspection: | / / | | |
|  |  | | | |
| 9) | HOUSEKEEPING | | | |
|  | Trash and garbage properly stored? |  |  |  |
|  | Trash and garbage picked up on schedule? |  |  |  |
|  | Flammable liquids stored in approved safety cans and/or metal cabinet? |  |  |  |
|  | Dumpsters away from building? |  |  |  |
|  | No rooms with heavy fire load? |  |  |  |
|  | No high storage? |  |  |  |
|  | Oily rags stored in proper receptacles and emptied regularly? |  |  |  |
|  |  | | | |
| 10) | LIGHTS (INTERIOR AND EXTERIOR) | | | |
|  | No broken lights? |  |  |  |
|  | No light burned out? |  |  |  |
|  | Adequate lighting? |  |  |  |
|  | Diffusors in place? |  |  |  |
|  |  | | | |
| 11) | WINDOWS & SKYLIGHTS | | | |
|  | Latch in good repair? |  |  |  |
|  | No broken windows/skylights |  |  |  |
|  |  | | | |
| 12) | PLAYGROUND EQUIPMENT | | | |
|  | Good condition? |  |  |  |
|  | Sufficient fall surfacing material? |  |  |  |
|  |  | | | |
| 13) | PREMISES (INTERIOR AND EXTERIOR) | | | |
|  | Sidewalks, walking surfaces, parking lots, steps, stairways, hallways, ramps, etc., free from slip and trip hazards limbs, or obstructions? |  |  |  |
|  | Free of safety hazards caused by trees, limbs, or roots? |  |  |  |
|  | Handrails in place and secure? |  |  |  |
|  | Any water leaks in bathrooms? |  |  |  |
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|  |  | SATISFACTORY | | |
|  |  | YES | NO | N/A |
| 14) | CAFETERIA, AUDITORIUM, GYNNASIUM | | | |
|  | In-wall tables in good condition? |  |  |  |
|  | Do portable tables close and stay closed? |  |  |  |
|  | Benches and seats in good condition? |  |  |  |
|  | Bleachers in good condition? |  |  |  |
|  | Exit lights operating? |  |  |  |
|  | Emergency lights operating? |  |  |  |
|  | Locker rooms in good condition? |  |  |  |
|  | Choking posters properly posted? |  |  |  |
|  |  | | | |
| 15) | OUTSIDE/ATHLETIC FACILITIES | | | |
|  | Fields in good condition? |  |  |  |
|  | Bleachers in good condition? |  |  |  |
|  | Dugouts in good condition? |  |  |  |
|  | Tennis courts in good condition? |  |  |  |
|  | Basketball courts in good condition? |  |  |  |
|  | No chain nets on baskets? |  |  |  |
|  | Footballs goals safely arranged? |  |  |  |
|  | Soccer goals safely arranged? |  |  |  |
|  |  | | | |
| 16) | SWIMMING POOL AREA | | | |
|  | Depth markings in good condition? |  |  |  |
|  | Decking in good condition? |  |  |  |
|  | Bleachers in good condition? |  |  |  |
|  | Diving boards and towers in good condition? |  |  |  |
|  | Pool handrails in good condition? |  |  |  |
|  | Emergency/rescue equipment in place? |  |  |  |
|  | Rules posted? |  |  |  |
|  | Filter covers in place? |  |  |  |
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| --- | --- | --- | --- | --- |
|  |  | SATISFACTORY | | |
|  |  | YES | NO | N/A |
| 17) | LADDERS | | | |
|  | In good repair? |  |  |  |
|  | Shock hazard warning posted on aluminum ladders? |  |  |  |
|  |  | | | |
| 18) | SHOP AREAS/MACHINERY/EQUIPMENT/POWER TOOLS (Instructional & District Shop Areas) | | | |
|  | Moving parts guarded? |  |  |  |
|  | Equipment properly grounded or double-insulated? |  |  |  |
|  | Tools in good condition? |  |  |  |
|  | Cords in good condition? |  |  |  |
|  | Housekeeping in shop area okay? |  |  |  |
|  | Personal protective equipment available and in good condition? |  |  |  |
|  |  |  |  |  |
| 19) | ARSON PREVENTION | | | |
|  | "We-Tip" posters in place? |  |  |  |
|  |  |  |  |  |
| 20) | ASBESTOS | | | |
|  | Asbestos-containing building materials in good condition? |  |  |  |
|  |  |  |  |  |
| 21) | SAFETY DATA SHEETS | | | |
|  | Accessible to employees? |  |  |  |
|  | Updated? |  |  |  |
|  |  |  |  |  |
| 22) | INDOOR AIR QUALITY |  |  |  |
|  | Are filters clean? |  |  |  |
|  | Any signs of mold or mildew? |  |  |  |
|  |  |  |  |  |
| 23) | ELEVATORS/LIFTS |  |  |  |
|  | Are elevators/lifts working properly? |  |  |  |
|  | Are inspections current? |  |  |  |
|  |  |  |  |  |
| 24) | AUTOMATED EXTERNAL  DEFIBRILLATORS (AED) |  |  |  |
|  | Are they checked regularly based on manufacture recommendations? |  |  |  |
|  |  |  |  |  |
| 25) | **OTHER: Specify** | | | |
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| **REMARKS** | **Work Order Submitted** | **YES** | **NO** |
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|  | # |  |  |
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