

SAFETY AND MAINTENANCE CHECKLIST

Southwest Region School District

Please complete by first week of each month

SCHOOL _____

DATE _____

1. Fire alarms operate. Yes_____ No_____
2. Date of last fire drill. Yes_____ No_____
3. Mechanical rooms free of combustible material. Yes_____ No_____
4. Doors not block open. Yes_____ No_____
5. All stairs and landings free of snow and ice. Yes_____ No_____
6. List all emergency life/safety work orders not complete:

7. Level of satisfaction with daily cleaning of building:

Satisfied Good Poor Critical

8. Classroom and gym light off when not in use. Yes_____ No_____
9. Heat controls working properly. Yes_____ No_____
10. List too hot and too cold rooms: _____

Signature: _____

Date: _____