

Beautiful Plains School Division  
Supervisors Safety & Health Inspection Form

**ART ROOM**

DATE: (Day / Month / Year) \_\_\_\_\_

SCHOOL: \_\_\_\_\_

INSPECTION PERFORMED BY: \_\_\_\_\_  
(Supervisor)

**YES**   **NO**   **N/A**  
(Please Check ✓)

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Has your MSDS book on WellNet been compared to the actual chemical inventory for accuracy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you completed the annual inventory of chemical list stating maximum quantities on hand and provided a copy to the School Office? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all chemical containers properly labeled with WHMIS information or workplace labels?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the space clean, organized, and uncluttered?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have students received safety instruction and WHMIS orientation prior to the use of equipment and controlled products?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there an adequate supply of safety equipment and is it being worn when warranted?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the condition of tools, equipment and appliances checked regularly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the fire extinguisher(s) available and in operating condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are combustible materials kept away from electrical/heating appliances/kiln?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS & DEFICIENCIES: \_\_\_\_\_

Have unsafe conditions been reported?

Signature: \_\_\_\_\_  
Supervisor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
School Administrator/Supervisor

Date: \_\_\_\_\_