

Beautiful Plains School Division
 Supervisors Safety & Health Inspection Form
INDUSTRIAL ARTS / VOCATIONAL SHOPS
SCHOOL BUS GARAGE

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
 (Supervisor)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	(Please Check <input checked="" type="checkbox"/>)		
1. Has your MSDS Book on WellNet been compared to 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the ventilation /dust collector system operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the eyewash station operational and been tested weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the fire extinguisher(s) available and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. Is there an adequate supply of safety equipment and is it being worn when warranted? (safety glasses, goggles, gloves, safety boots, first aid kits, shields, helmets, hearing protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are master electrical switches operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are gas lines and valves in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have students received safety instruction and WHMIS orientation prior to use of equipment and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the space clean, organized, and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are storage areas organized and not overloaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are flammables and chemicals stored in a proper location? (flammable cabinets or locked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are danger zones properly indicated and guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(See Over)

YES NO N/A
(Please Check ✓)

- 16. Are all guards on equipment in place?
- 17. Is equipment shut off while unattended?
- 18. Are all equipment, tools, and hoisting devices checked periodically?
- 19. Are mandatory six month school bus safety inspections being completed?
- 20. Are school bus drivers performing pre and post trip bus inspections and reporting defects to the bus garage and /or noting in log books?
- 21. Are school bus drivers completing semi-annual school bus evacuation drills?

COMMENTS & DEFICIENCIES: _____

Have unsafe conditions been reported?

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____