

Beautiful Plains School Division  
Supervisors Safety & Health Inspection Form

**SCIENCE & LABORATORIES**

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 actual chemical inventory for accuracy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you completed the annual inventory of chemicals 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. 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 fume hood operational?  |                          |                          |                          |
| 6. Is the eyewash station operational and been tested weekly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are chemical storage rooms and cupboards locked while not in use?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the fire extinguisher(s) in operating condition?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are gas lines and valves in good working condition?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are master gas cutoff valves and electrical (if available) in properly working condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have students received instruction and WHMIS orientation on safe use of equipment and chemicals?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there an adequate supply of safety equipment and is it being worn when warranted? (safety glasses, goggles, gloves, first aid kits, shields, helmets, hearing protection, respirators, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the space clean, organized and uncluttered?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are weight and space capacities of shelving and cupboards being respected?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*(See Over)*

