

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: _____