



Office of Environmental Health and Safety  
 Facility Inspection Program  
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## SCHOOL SAFETY COMPLIANCE CHECKLIST Los Angeles Unified School District



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

OEHS Inspector: \_\_\_\_\_

Local District:

Facility: \_\_\_\_\_

Revision:  Original Inspection Date: \_\_\_\_\_

STANDARD	EVALUATION		
Asbestos Management	<b>Threshold Questions</b>		YES      NO
	Is the Asbestos Management Plan kept in a designated location, readily available, and updated with the current 6-month and 3-year inspection results? [Check that the update is consistent with AHERA regulations.]		<input type="checkbox"/> <input type="checkbox"/>
	Has staff received appropriate asbestos awareness training? [Determine if Plant Manager & custodial staff have received 2-hour asbestos awareness training and if all staff is aware of District policy on handling asbestos containing materials.]		<input type="checkbox"/> <input type="checkbox"/>
	Is all work on asbestos-containing materials performed by properly trained personnel? [Evaluation should be based on staff interviews, field observations, and review of Contact Log.]		<input type="checkbox"/> <input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> VAT floors maintained <input type="checkbox"/> Damage to ACBM <input type="checkbox"/> Warning labels/signs <input type="checkbox"/> Reporting of damaged ACBM <input type="checkbox"/> Others	<b>Notes:</b>	<b>Score:</b> <input style="width: 40px; height: 20px;" type="text"/>
Campus Security	<b>Threshold Questions</b>		YES      NO
	Is the school perimeter fencing secure, in good condition, and are gates locked?		<input type="checkbox"/> <input type="checkbox"/>
	Is there a visitor check in procedure in compliance with the Visitors to School Campuses policy? [per BUL-1 325.0]		<input type="checkbox"/> <input type="checkbox"/>
	Is there a written procedure for communicating classroom or play yard emergencies to the main office? [Review written procedure and assess overall staff awareness of procedure.]		<input type="checkbox"/> <input type="checkbox"/>
	Is there adequate lighting for after school activities?		<input type="checkbox"/> <input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Graffiti removed daily <input type="checkbox"/> Identification badges <input type="checkbox"/> Crime reporting <input type="checkbox"/> Room to Office communications <input type="checkbox"/> Exterior lighting <input type="checkbox"/> Others	<b>Notes:</b>	<b>Score:</b> <input style="width: 40px; height: 20px;" type="text"/>
Chemical Safety	<b>Threshold Questions</b>		YES      NO
	Is Hazard Communication training provided at time of initial assignment and when new hazards are introduced into the work place? [Confer with school administration and review the available documentation. ]		<input type="checkbox"/> <input type="checkbox"/>
	Is an inventory of all chemicals used on campus kept in a designated location and readily available? [To include cleaning products, office and art supplies]		<input type="checkbox"/> <input type="checkbox"/>
	Are MSDSs readily accessible for all chemicals listed on the inventory? [MSDSs should be kept in a centralized location known to all staff members.]		<input type="checkbox"/> <input type="checkbox"/>
	Are cleaners and other non-laboratory chemical products properly stored, secured, and disposed of?		<input type="checkbox"/> <input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Proper labeling & signs <input type="checkbox"/> Grounding/Bonding <input type="checkbox"/> Spill response kits <input type="checkbox"/> Flammable liquid storage <input type="checkbox"/> District approved chemicals <input type="checkbox"/> Gas cylinders secured <input type="checkbox"/> Emergency eyewash <input type="checkbox"/> Others	<b>Notes:</b>	<b>Score:</b> <input style="width: 40px; height: 20px;" type="text"/>

STANDARD	EVALUATION			
Emergency Procedures (Safe School Plan, Volume 2)	<b>Threshold Questions</b>		<b>YES</b>	<b>NO</b>
	Are emergency procedures current and readily available?		<input type="checkbox"/>	<input type="checkbox"/>
	Are staff familiar with their designated responsibilities? [Review staff training documents].		<input type="checkbox"/>	<input type="checkbox"/>
	Was a completed "Safe School Plan, Volume 2 - Emergency Procedures" with all components submitted to OEHS on or before the required date of October 1st of the current school year?		<input type="checkbox"/>	<input type="checkbox"/>
	Are emergency supplies and equipment adequately stocked, properly maintained, and stored in designated locations? [Review supplies and equipment in earthquake bin and designation locations. Refer to supply inventory listed in Reference Guides 801 and 802.]		<input type="checkbox"/>	<input type="checkbox"/>
Is dedicated storage provided for emergency supplies?				
<b>Other Factors:</b> <input type="checkbox"/> Adequate water supply (1.5 gal./pp) <input type="checkbox"/> First-aid kits (1/400) <input type="checkbox"/> SEMS Training <input type="checkbox"/> Emergency drills <input type="checkbox"/> Seismic bracing <input type="checkbox"/> Annual emergency hazard assessment <input type="checkbox"/> Designated command post <input type="checkbox"/> Toilet and Search and Rescue Supplies <input type="checkbox"/> Others		<b>Notes:</b>	<b>Score:</b>  <input type="text"/>	
Facilities and Equipment Maintenance	<b>Threshold Questions</b>		<b>YES</b>	<b>NO</b>
	Are facilities and equipment maintained in good repair?		<input type="checkbox"/>	<input type="checkbox"/>
	Have trouble calls been placed for necessary repairs?		<input type="checkbox"/>	<input type="checkbox"/>
	Are proper housekeeping practices followed in classrooms and on campus?		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Landscaping <input type="checkbox"/> Broken windows <input type="checkbox"/> Carpet condition <input type="checkbox"/> Salvage disposal <input type="checkbox"/> Electrical equipment guarding <input type="checkbox"/> Refuse bins <input type="checkbox"/> Ceiling tile <input type="checkbox"/> Playground equipment <input type="checkbox"/> Others		<b>Notes:</b>	<b>Score:</b>  <input type="text"/>
Fire/Life Safety	<b>Threshold Questions</b>		<b>YES</b>	<b>NO</b>
	Are fire extinguishers checked monthly and serviced annually, clearly marked, and easily accessible?		<input type="checkbox"/>	<input type="checkbox"/>
	Are all exits and exit corridors free of obstructions?		<input type="checkbox"/>	<input type="checkbox"/>
	Are exits properly marked?		<input type="checkbox"/>	<input type="checkbox"/>
	Does each classroom equipped with security grills have at least one with a releasable latch in compliance with District policy? [Per Board of Education Report #15]		<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Factors:</b> <input type="checkbox"/> Exit signs illuminated <input type="checkbox"/> Marked fire lane <input type="checkbox"/> Fire extinguisher training <input type="checkbox"/> Posted emergency routes <input type="checkbox"/> Emergency lighting <input type="checkbox"/> Exits unlocked & operable in single action <input type="checkbox"/> Occupant signs posted in assembly area <input type="checkbox"/> Fire alarms tested monthly <input type="checkbox"/> Combustible materials <input type="checkbox"/> Equipment Clearance <input type="checkbox"/> Trip/Fall Hazard <input type="checkbox"/> Others		<b>Notes:</b>	<b>Score:</b>  <input type="text"/>	

STANDARD	EVALUATION			
Indoor Environment	<b>Threshold Questions</b>		<b>YES</b>	<b>NO</b>
	Is the site free of evidence of potentially toxic or odorous emissions, such as mold, affecting the indoor environment? [Evaluation should be based on staff interviews, field observations, and review of Contact Log.]		<input type="checkbox"/>	<input type="checkbox"/>
	Are indoor areas adequately lighted?		<input type="checkbox"/>	<input type="checkbox"/>
	Are ventilation systems adequate & properly maintained? [Evaluation should be based on visual observations and interview of Plant Manager.]		<input type="checkbox"/>	<input type="checkbox"/>
	Are classrooms free of excessive noise? [Evaluation should be based on staff interviews, field observations, and review of Contact Log.]		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Evidence of mold <input type="checkbox"/> Thermal comfort <input type="checkbox"/> Excessive dust <input type="checkbox"/> Continuing or multiple IAQ complaints <input type="checkbox"/> Objectionable odor <input type="checkbox"/> Others	<b>Notes:</b>	<b>Score:</b> <input type="text"/>	
Injury & Illness Prevention	<b>Threshold Questions</b>		<b>YES</b>	<b>NO</b>
	Is a current IIPP available and is the summary page posted listing the responsible individual?		<input type="checkbox"/>	<input type="checkbox"/>
	Has a Safety Committee been established and are meetings held at least quarterly and documented?		<input type="checkbox"/>	<input type="checkbox"/>
	Are safety inspections conducted at least two times per year, documented and identified deficiencies corrected and/or reported to M&O?		<input type="checkbox"/>	<input type="checkbox"/>
	Are all accidents investigated by the supervisor and a completed "Injury/Accident Investigation Report" sent to OEHS & ORMIS within 24 hours?		<input type="checkbox"/>	<input type="checkbox"/>
	Are IIPP and Blood-borne Pathogens trainings conducted within 30 days of job assignment and annually thereafter & documented?		<input type="checkbox"/>	<input type="checkbox"/>
	Is the Claims Rate less than 120% of the District average?		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Stay at Work Program implemented <input type="checkbox"/> Suspected fraud cases reported <input type="checkbox"/> Accident repeaters counseled <input type="checkbox"/> OSHA 300 Log <input type="checkbox"/> Disciplinary action for safety violation <input type="checkbox"/> 3 LAUSD required posters <input type="checkbox"/> Machine guarding	<b>Notes:</b>	<b>Score:</b> <input type="text"/>	
Lead Management	<b>Threshold Questions</b>		<b>YES</b>	<b>NO</b>
	Are buildings constructed prior to 1993 free of peeling or chalking paint?		<input type="checkbox"/>	<input type="checkbox"/>
	Has a trouble call been placed for areas of peeling or chalking paint?		<input type="checkbox"/>	<input type="checkbox"/>
	Are drinking fountains flushed daily? {Per REF-858}		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Staff Awareness <input type="checkbox"/> Others	<b>Notes:</b>	<b>Score:</b> <input type="text"/>	

STANDARD	EVALUATION		
Off-Site Risks	<b>Threshold Questions</b>		<b>YES</b> <b>NO</b>
	Are off-site air emission sources affecting the school?		<input type="checkbox"/> <input type="checkbox"/>
	Are off-site noise pollution sources affecting the school?		<input type="checkbox"/> <input type="checkbox"/>
	Are there leaking transformers immediately adjacent to the school?		<input type="checkbox"/> <input type="checkbox"/>
	Are industrial facilities adjacent or in close proximity to the school? [Please note facility location, type of operations, and business name (if known).]		<input type="checkbox"/> <input type="checkbox"/>
	Are there multi-story buildings adjacent to the school?		<input type="checkbox"/> <input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Abandoned vehicles <input type="checkbox"/> Sidewalk hazards (holes, cracking, etc.) <input type="checkbox"/> Trucks/bus idling <input type="checkbox"/> Rubbish <input type="checkbox"/> Pest infestation <input type="checkbox"/> Dead animals <input type="checkbox"/> Traffic/pedestrian hazards <input type="checkbox"/> Fire hazards <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Others	<b>Notes: This section is not scored.</b>	
Pest Management	<b>Threshold Questions</b>		<b>YES</b> <b>NO</b>
	Is the site free of evidence of continuing pest infestation?		<input type="checkbox"/> <input type="checkbox"/>
	Is a copy of the District's IPM Handbook kept in designated location and readily available?		<input type="checkbox"/> <input type="checkbox"/>
	Are the necessary annual and 72-hour notifications of pesticide use provided? (Review available documentation.)		<input type="checkbox"/> <input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Record keeping <input type="checkbox"/> Fly fans or screen doors <input type="checkbox"/> Staff trained <input type="checkbox"/> Posted approved pesticide list <input type="checkbox"/> Approved pesticides <input type="checkbox"/> Others	<b>Notes:</b>	
Prevention Programs (Safe School Plan, Volume 1)	<b>Threshold Questions</b>		<b>YES</b> <b>NO</b>
	Is "Safe School Plan, Volume 1 - Prevention Programs" readily available?		<input type="checkbox"/> <input type="checkbox"/>
	Is the Safe School Plan up-to-date? [Plans must be revised on or before October 1st of each school year.]		<input type="checkbox"/> <input type="checkbox"/>
	Was a completed plan, with all components, submitted to the Local District Operations Coordinator on or before the required date of October 31st of the current school year?		<input type="checkbox"/> <input type="checkbox"/>
	Is there documentation that the plan was discussed with staff this year?		<input type="checkbox"/> <input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Discipline Code <input type="checkbox"/> Attendance Plan	<b>Notes:</b>	

STANDARD	EVALUATION		
Restroom Facilities	<b>Threshold Questions</b>	YES	NO
	Are all restrooms available for use?	<input type="checkbox"/>	<input type="checkbox"/>
	Are all restrooms adequately stocked (toilet paper, soap, and paper towels); and maintained in sanitary condition? [Evaluation should be based on visual inspection and review of Contact Log.]	<input type="checkbox"/>	<input type="checkbox"/>
	Are restroom inspections conducted regularly? [At least twice daily]	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Restroom designation <input type="checkbox"/> Restroom ventilation <input type="checkbox"/> Fixtures operating properly <input type="checkbox"/> Adequate number of toilets/urinals <input type="checkbox"/> Others	<b>Notes:</b>  	<b>Score:</b>  <input type="text"/>
Science Lab Safety [Secondary Schools Only]	<b>Threshold Questions</b>	YES	NO
	Is the Chemical Hygiene Plan kept in a designated location, readily available and are staff aware of their responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
	Has a Chemical Safety Coordinator been assigned by the Principal?	<input type="checkbox"/>	<input type="checkbox"/>
	Is a laboratory chemical inventory kept in a designated locations and readily available?	<input type="checkbox"/>	<input type="checkbox"/>
	Are MSDSs readily accessible for all laboratory chemicals listed on the inventory? [MSDSs should be kept in a centralized location known to all science staff.]	<input type="checkbox"/>	<input type="checkbox"/>
	Is safety equipment adequate, available, and maintained in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
	Are laboratory chemicals properly stored, secured and disposed of?	<input type="checkbox"/>	<input type="checkbox"/>
	Are all laboratory chemicals used at the school District approved?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Factors:</b> <input type="checkbox"/> Incompatible storage <input type="checkbox"/> Eyewash/showers <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Fume hoods <input type="checkbox"/> Outdated chemicals <input type="checkbox"/> Over-accumulation of reagents <input type="checkbox"/> Spill Kits <input type="checkbox"/> Others	<b>Notes:</b>  	<b>Score:</b>  <input type="text"/>	
Traffic and Pedestrian Safety	<b>Threshold Questions</b>	YES	NO
	Have "Safe Routes" to school been designated? [Safe routes should be posted and distributed to parents.]	<input type="checkbox"/>	<input type="checkbox"/>
	Are drop-off and pick-up points designated and supervised? [Drop-off and pick-up points should be posted and distributed to parents.]	<input type="checkbox"/>	<input type="checkbox"/>
	Are there recurring complaints, observed hazards, or a history of student injuries? [Evaluation should be based on staff interviews, field observations, and review of Contact Log and School Police accidents records.]	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other Factors:</b> <input type="checkbox"/> Accident reporting <input type="checkbox"/> Adequate crossing guards <input type="checkbox"/> Crosswalks adequately marked <input type="checkbox"/> Traffic enforcement <input type="checkbox"/> Others	<b>Notes:</b>  	<b>Score:</b>  <input type="text"/>

Scorecard Rating: