MASON/TAZEWELL/WOODFORD REGIONAL OFFICE OF EDUCATION #53

Health/Life Safety Verification Form

Name of School _____

I hereby certify that each item in this checklist has been verified and the responses checked are correct.

Principal's/Designee Signature _____ Date _____

Please have required inspection documentation (*) available for review on the day of inspection

Item	Yes	No	N/A
Tornado and fire drill evacuation instructions posted in student-occupied areas.			
Shop, Science, and Art Safety Glasses used by students as required			
Toxic Art Supplies in School Act (105 ILCS/135) is followed			
Flammable/combustible materials are properly labeled and in approved storage			
*Bleacher Inspection Certificate/Letter Date _____			
*Elevator/Lift Inspection Certificate (in office or elevator) Expiration Date _____			
*Boiler Inspection Certificate (posted) Expiration Date _____			
*Fire Alarm System is fully functional (provide inspection documents. Date:_____			
*Sprinkler System Inspection – Date _____ (provide copy)			
*Range Exhaust System Inspection and cleaning (by employee) once per year Date _____			
*Kitchen Extinguishing System Inspection Date _____			
*Flameproof Stage Curtains – Certificate/Tag or Letter of Verification			
*Schedule of Monthly Tests of Emergency Lights (by employees)/date of system shut down for 60 minutes			
*Monthly record of carbon-monoxide inspection report			
*Safety Reference Plan/Floor Plan with Utility Shutoff on file in each school office (part of 10 year life safety)			
Annual Review of Crisis Management Plan Date: _____			
*Safety Drill Report Form Required from each building			

*Documentation required for these items.

Have this form and ALL necessary documents indicated above available on the date of the inspection.

(Revise 3/26)