**BU**

**CLASSROOM INSPECTION CHECKLIST**

**Building/Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Electrical System:**

1. Are all electrical service panels secured? \_ Yes \_ No \_ N/A

2. Is a 3' clearance provided around all electrical service panels? \_ Yes \_ No \_ N/A

3. Are all electrical service panels cool to the touch? \_ Yes \_ No \_ N/A

4. Are all electrical service panels free from evidence of burning? \_ Yes \_ No \_ N/A

5. Have all electrical circuits been identified? \_ Yes \_ No \_ N/A

6. Are all electrical switches and receptacles in good repair? \_ Yes \_ No \_ N/A

7. Have GFIs been provided on circuits in proximity to water? \_ Yes \_ No \_ N/A

8. Is there a "lock-out" procedure in place? \_ Yes \_ No \_ N/A

9. Are extension cords not in use as permanent wiring? \_ Yes \_ No \_ N/A

10.Electric cords not under carpets/rugs, through doorways, or in high traffic areas? \_ Yes \_ No \_N/A

**Comments/Notes:**

**Heating System:**

1. Is a 3' clearance provided around all installed heating equipment? \_ Yes \_ No \_ N/A

2. Are furnace/boiler rooms kept locked? \_ Yes \_ No \_ N/A

3. Are furnace/boiler rooms free from stored combustibles? \_ Yes \_ No \_ N/A

4. Are residents reminded to keep combustibles away from heaters? \_ Yes \_ No \_ N/A

**Comments/Notes:**

**Housekeeping:**

1. Is trash removed from the room daily? \_ Yes \_ No \_ N/A

2. Is storage restricted to designated areas? \_ Yes \_ No \_ N/A

3. Is storage neatly arranged and secured from rolling away? \_ Yes \_ No \_ N/A

4. Are recycling bins emptied on a regular basis? \_ Yes \_ No \_ N/A

**Comments/Notes:**

**Fire Protection:**

1. Is the building equipped with a fire detection system? \_ Yes \_ No \_ N/A
2. Does the system provide an alarm signal throughout the building? \_ Yes \_ No \_ N/A
3. Is the system tested on a regular basis and documented? \_ Yes \_ No \_ N/A
4. Are portable fire extinguishers provided? \_ Yes \_ No \_ N/A
5. Are all extinguishers inspected on a monthly basis and documented? \_ Yes \_ No \_ N/A
6. Are fire aisles, exit ways, stairways, and fire equipment kept unobstructed? \_ Yes \_ No \_ N/A
7. Are fire extinguishers properly mounted, located, and identified? \_ Yes \_ No \_ N/A

**If building is equipped with an automatic sprinkler system;**

1. Is the main sprinkler controller valve accessible? \_ Yes \_ No \_ N/A
2. Are all valves supplying water or air to the system open? \_ Yes \_ No \_ N/A
3. Is valve operation monitored by an alarm company? \_ Yes \_ No \_ N/A
4. Is the system tested on a regular basis and documented? \_ Yes \_ No \_ N/A

**Comments/Notes:**

**Emergency Evacuation:**

1. Are all exits and travel paths identified with illuminated "EXIT" signs? \_ Yes \_ No \_ N/A

2. Are travel paths leading to exits free of obstructions? \_ Yes \_ No \_ N/A

3. Are exits unlocked and operational? \_ Yes \_ No \_ N/A

4. Are working emergency lights provided in the building? \_ Yes \_ No \_ N/A

5. Are emergency lights tested periodically and documented? \_ Yes \_ No \_ N/A

6. Are evacuation diagrams up to date and posted throughout the building? \_ Yes \_ No \_ N/A

**Comments/Notes:**

**Miscellaneous:**

1. Has flammable storage been limited to designated areas? \_ Yes \_ No \_ N/A

2. Are filters inspected periodically and documented? \_ Yes \_ No \_ N/A

3. Are all computer areas free from combustible storage? \_ Yes \_ No \_ N/A

4. Is flooring/cabinetry ripped, torn, or frayed? \_ Yes \_ No \_ N/A

5. Is there damage to ceiling tiles due to water damage or mold? \_ Yes \_ No \_ N/A

6. Are items stacked haphazardly on top of bookcases, refrigerators, etc? \_ Yes \_ No \_ N/A

**Comments/Notes:**

**Inspector 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**