

PINELLAS COUNTY SCHOOLS
MONTHLY SCHOOL SAFETY REPORTING FORM

For month of _____
mo. yr.

School or Site _____ Cost Center # _____

Monthly Playground, Fields, & Courts Inspection Report

Check areas inspected:

- | | |
|---|---|
| <input type="checkbox"/> Baseball/Softball Fields | <input type="checkbox"/> Playground Equipment |
| <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Bleachers, Risers & Stadium seating (visual safety inspection) | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Hard Courts (play, racquetball) Play Fields | <input type="checkbox"/> Tracks |
| <input type="checkbox"/> Play Fields | |

Check all that apply:

- Deficiencies were found Work orders have been submitted No deficiencies were noted

Inspected by: _____ Date of inspection: _____
Signature

Monthly Health and Safety Committee Meeting Report

Check when completed:

- | | |
|---|--|
| <input type="checkbox"/> Minutes were posted in a conspicuous place for one week; | <input type="checkbox"/> Student, employee and visitor accidents were reviewed |
| <input type="checkbox"/> Copy of minutes sent to Risk Management & Manager, Facilities & Operations | <input type="checkbox"/> Safety training and education were discussed |
| <input type="checkbox"/> Safety inspections were conducted and documented | <input type="checkbox"/> Employee safety suggestions were reviewed |
| <input type="checkbox"/> Work Orders were submitted for any deficiencies | |

Meeting conducted by: _____ Date of meeting: _____
Signature

Monthly In-School Safety Checklist

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Monthly emergency evacuation drill was held on: _____
Evacuation time (in minutes): _____ | <input type="checkbox"/> All work sites were inspected for safety hazards |
| <input type="checkbox"/> Inspection/maintenance was performed on alarms, emergency & exit lights | <input type="checkbox"/> All Exits, doors, and electrical equipment are clear |
| <input type="checkbox"/> Fire alarm system, sprinklers, and extinguishers were inspected/serviced | <input type="checkbox"/> Exhaust fans inspected |
| <input type="checkbox"/> AED monthly checklist completed and sent to Risk Management (pages 11-12 of the AED Program Manual) | <input type="checkbox"/> Air conditioning filters inspected and changed as needed |
| <input type="checkbox"/> Semester tornado drill held on: (1st) _____ (2nd) _____ | <input type="checkbox"/> Monthly Active Assailant drill held on: _____ |

Head Plant Operator: _____ Date: _____
Signature

Submit this form along with your safety meeting minutes and monthly AED checklist to Risk Management, and to your Manager, Facilities Operations, Safety & Security, by the last day of each month. All forms must be submitted electronically.

I hereby certify as site administrator that our site is committed to providing a safe learning and working environment. The information above is true and correct to the best of my knowledge.

Site Principal/Director: _____ Date: _____
Signature