



Health Life/Safety Verification Form

NAME OF SCHOOL: _____ DISTRICT #: _____

ADDRESS: _____

I certify that each item on this form has been verified and the checked responses are correct.

Signed: _____ Dated: _____

| YES | NO | N/A | CHECKLIST |
|-----|----|-----|--|
| | | | Annual Review of Crisis Management Plan: Date _____ |
| | | | Approved Appliances and Residential Lighting List |
| | | | Approved Residential Furniture and Residential Fabrics List |
| | | | Bleacher Inspection Certificate/Letter #1 - Exp. Date: _____ #2 - Exp. Date: _____ |
| | | | Boiler Inspection Certificate: posted #1 - Exp. Date: _____ #2 - Exp. Date: _____ #3 - Exp. Date: _____ #4 - Exp. Date: _____ |
| | | | Chemical Inventory and SDS Forms properly displayed |
| | | | Communication System is fully functional |
| | | | Drills: Three (3) Evacuation Drills, one (1) Bus Evacuation Drill, one (1) Shelter in Place drill and one (1) Law Enforcement drill and performed in 2021/2022 School Year - Must have documentation |
| | | | Elevator Inspection Certificate Exp. Date: _____ Exp. Date: _____ Exp. Date: _____ |
| | | | Emergency Lighting Log and Inspections are current |
| | | | Evacuation: Written/Visual Instructions are posted in each classroom |
| | | | Fire Alarm System is fully functional/provide inspection documents |
| | | | Fire Lanes are posted and properly maintained |
| | | | Flameproof Curtain Certification dated /on file in the school office |
| | | | Flammables and Combustibles are in approved storage containers |
| | | | Safety Reference Plan on file in the school office (schematics) |
| | | | Shop & Science Safety Glasses are either personal or sanitized |
| | | | Toxic Art Supplies in Schools Act (105 ILCS 135/) is followed |
| | | | CO Detectors are installed in appropriate locations and function properly |