



REGIONAL OFFICE OF EDUCATION
KANE COUNTY

Patricia Dal Santo, Regional Superintendent

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 _____
			Safety Reference Plan on file in the school office (schematics)
			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
			CO Detectors installed in proper locations
			Drills: Three (3) Evacuation Drills, one (1) Bus Evacuation Drill, one (1) Shelter in Place drill and one (1) Law Enforcement drill that were performed in the prior 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 and on file in the school office or posted
			Flammables and Combustibles are in approved storage containers
			Any "door locking security means" (door blocking devices) in the school
			Shop & Science Safety Glasses are either personal or sanitized
			Toxic Art Supplies in Schools Act (105 ILCS 135/) is followed