Classroom Safety Checklist

Staff Name:	Building:	Room #:	Date:	
Assessment Conducted By:				
 Instructions: Check YES or NO for each of the fo Go back and circle each NO; these class. For each NO, suggest a way to reme 	are the items that you l	nave identified as	s dangerous to you and your	
YES/NO				
Are desks and tables located	d where they cannot sli	de and block exit	is?	
	Are tall file cabinets securely attached to the wall or out of the way from toppling on anyone? Are the heavy items on top of the file cabinets restrained?			
Do file cabinet doors have l	atches? Are the drawer	s securely closed	?	
Are computers out of the wa	ay if a monitor falls ove	er?		
Are storage spaces secured	Are storage spaces secured to the wall or attached to each other?			
Are display cases protected	Are display cases protected against overturning or sliding off tables?			
For freestanding equipmen TV straps)?	For freestanding equipment on wheels, are they all secured against overturning or sliding (ex. TV straps)?			
Is freestanding equipment	s freestanding equipment protected against rolling or falling over?			
Are all heavy, sharp, or breafor example?	Are all heavy, sharp, or breakable wall decorations securely mounted, with closed eye hooks, for example?			
Do books or materials store off the shelves? Are heavy it	stored on shelves have adequate restraints to keep them from falling avy items on lower shelves?			
Are fire extinguishers secur	rely mounted and easy to access?			
Are all your outlets covered	d so that internal wires are not visible?			
Are wires or other tripping	hazards out of the way	of walkways?		
Comments:				
If you see any other hazards no	ot included on this	s list, please s	pecify them here:	