

ORANGE COUNTY DEPARTMENT OF EDUCATION

**GOOD REPAIR\*/SAFETY REPORT**

The original report is to be submitted to Risk Management and one copy to the Program Director **no later than the 10<sup>th</sup> of each month.**

<b>Division</b>	<b>Site</b>	<b>Reporting Month</b>	<b>Date</b>
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**Current Uniform Complaint Procedures Posted in All Classrooms**     Yes     No    **List Rooms:** \_\_\_\_\_

**I have personally made the following observations, including:**

Safety Standards With Children & Staff Observed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Safety Standards in Health Care Observed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Food Processing & Servicing Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**I have personally observed the various physical properties of this site, including:**

Restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Drinking Fountain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Athletic Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Playground Equipment/School Grounds	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Railings, Steps, & Stairways	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Structural Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Windows, Doors, Gates, Fences	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Interior Surfaces (Walls, Floors & Ceilings)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pest/Vermin Infestation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hazardous Material (Interior & Exterior)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Scientific Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire Safety: Extinguishers, Sprinklers, Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Administration Office, Kitchen Facilities Living Quarters including Halls & Classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Overall Cleanliness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Roofs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**To the best of my knowledge, the following systems are functioning normally:**

Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Gas Leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Electrical (Interior/Exterior)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Mechanical Systems: HVAC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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After observing this school and its grounds, did you find any condition(s) that, in your opinion, may be the cause of an injury of illness?  
 Yes     No    If yes, please explain: \_\_\_\_\_

Please list all potential COVID-19 hazards \_\_\_\_\_

Were there any incidents of crime and violence on school grounds or in school program and activities?     Yes     No

**Did you conduct a SB198 Injury/Illness Prevention Program –Monthly Training?**     Yes     No  
 If yes, please attach a copy of the sign-in sheet.

FIRE DRILL (Required Monthly)	EARTHQUAKE DRILL (Required Quarterly)	DETECTORS CHECKED (Required Quarterly)	FIRE DETECTOR	SATELLITE PHONE (Required Monthly)
Date of Drill: _____ Time of Drill: _____ Time of Evacuation: _____	Date of Drill: _____ Time of Drill: _____ Time of Evacuation: _____	Date: _____	Smoke Detector Sprinkler System Other - _____	Charged: _____ Test Call: _____

Inspected by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please print name)

Principal/Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_