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Dr. Patricia High Regional Superintendent
Dr. Jonathan Sikma Assistant Regional Superintendent

Required Documentation for Health/Life Safety Annual Inspection

NAME OF SCHOOL, DISTRICT #: _____

Attached	N/A	CHECKLIST
		<p>Safety Reference Plans (Blueprint from 10-yr survey): A complete set of up-to-date safety reference plans should be available at each school and should include a site plan, schematic floor plans, utility information, and attic plan.</p> <p><i>Have a Copy Available During the Inspection</i></p>
		<p>School Safety Drills: During each academic year, schools must conduct 3 evacuation drills (with at least one with local fire official present), 1 bus evacuation drill that includes instruction in safe bus riding practices for all students, 1 shelter-in-place drill and 1 law enforcement drill. These drills must be documented and submitted to the Regional Superintendent. <i>Submitted by: June 15th.</i> (Form available at www.i-kan.org/healthlifesafety)</p> <p><i>Have a Copy Available During the Inspection</i></p>
		<p>Annual Review of Crisis Plans: An annual review report is required to be submitted to the Regional Superintendent to document that at least once during each calendar year a review and update of emergency and crisis response plans, protocols, and procedures and the school drill program has been conducted. (Conducted in the last academic year) (Form available at www.i-kan.org/healthlifesafety)</p> <p><i>Have a Copy Available During the Inspection Date Conducted:</i></p>
		<p>Functional Fire Alarm: The district shall provide evidence that the fire alarm system is being inspected annually.</p> <p><i>Have a Copy of Annual Test Available During the Inspection Date:</i></p>
		<p>Functional Sprinkler System: Where installed, proof of required third party maintenance and testing semi-annually shall be provided to inspector.</p> <p><i>Have a Copy of Most Recent Inspection Checklist Available During the Inspection Date:</i></p>
		<p>Monthly Testing of Emergency Lighting Equipment:</p> <p><i>Have a Copy of Documentation of Monthly Testing of All Emergency Lighting Equipment Available During the Inspection</i></p>
		<p>Annual Bleachers and Grandstands Inspection: <input type="checkbox"/> 3rd Party <input type="checkbox"/> Internal Staff</p> <p><i>Have a Copy of Inspection Report Available During the Inspection Date:</i></p>
		<p>Elevator and Conveyance Systems: Elevators and Chair Lifts must have a current inspection certificate.</p> <p>Inspecting Company: _____</p> <p><i>Have a Copy of Inspection Report Available During the Inspection Date:</i></p>

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

Signed: _____
Principal

Dated: _____