

School _____

Team Member(s) _____

Building Location _____

Date ___/___/___ Time _____ # Present _____

Checklist: SCIENCE CLASSROOM

INSTRUCTIONS: Complete this checklist, together with the Master Indoor Checklist, when a room is used as a dedicated Science Classroom or when Science is regularly taught in the room. Place a check mark in the appropriate column and explain each “Needs Attention” response.

	Okay	Needs Attention	Comments
Classroom			
1. The chemical hygiene plan is posted or staff using the room identified the location where the plan is kept	<input type="checkbox"/>	<input type="checkbox"/>	
2. Room ventilation is adequate (<i>ask teacher assigned to this room</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Staff knows location of electrical gas breakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Staff knows location of HAZMAT instructions	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Smoke detector works	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage Area			
6. Separate from classroom	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Equipment not hot to the touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Refrigerator door closes securely	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. List of chemicals used is posted	<input type="checkbox"/>	<input type="checkbox"/>	_____