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## 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 _____
			Approved Appliances and Residential Lighting List
			Approved Residential Furniture and Residential Fabrics List
			Bleacher Inspection Certificate/Letter (annual) #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
			Drills: Three (3) Evacuation Drills, one (1) Bus Evacuation Drill, one (1) Shelter in Place drill and one (1) Law Enforcement drill and performed in _____ School Year - Must have documentation
			Elevator Inspection Certificate (annual) 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 / on file in the school office
			Flammables and Combustibles are in approved storage containers
			Safety Reference Plan on file in the school office (schematics)
			Shop & Science Safety Glasses are either personal or sanitized
			Toxic Art Supplies in Schools Act (105 ILCS 135/) is followed
			CO Detectors are installed in appropriate locations and function properly