

Classroom Safety Check Log Sheet

Classroom Name/Number: _____

Inspect each area as labeled, logging the date, your initials, and a C for clear and complete or X if there is an issue. Any issues should be noted, as well as how and when it was solved, in the notes section following the inspection table. Additional sheets may be attached or the back can be used if extra space is needed.

Example:

10/16/23 LSC

10/16/23 LSX

Note: 10/16 eye flush expired 10/20 replaced eye flush

Weekly Eye Wash Flush Check

Quarterly Fume Hood Test

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Annual Eye Wash and Shower Inspection

Eye Wash Station	
Shower	

Notes:

