VANDERHEYDEN HALL, INC. MONTHLY ENVIRONMENTAL CHECKLIST

| Inspector | _ Date of Inspection | | Building | |
|-------------------------------------|----------------------|----|-----------------------------|--|
| Items to Inspect | Yes | No | Remarks (unsafe conditions) | |
| Fire exstinguishers | | | · · · · | |
| - properly located? | | | | |
| - inspection sticker present? | | | | |
| - pressure up? | | | | |
| Fire detection devices OK? | | | | |
| Evacuation plan posted? | | | | |
| Emergency lights on and charged? | | | | |
| Exits clear? | | | | |
| Stairways clear? | | | | |
| Stair treads secure? | | | | |
| Hand rails on stairs? | | | | |
| Carpets secure? | | | | |
| Boiler room and entrance clear? | | | | |
| Attic, basement & garage area free | | | | |
| if clutter? | | | | |
| Closets clean? | | | | |
| Paint, gas, oil & other flammables | | | | |
| stored in metal cabinets? | | | | |
| Storage areas labeled? | | | | |
| Fan filters clean? (stove and oven) | | | | |
| Fans in safe location? | | | | |
| Exposed radiator covered? | | | | |
| Electrical plugs, sockets, switches | | | | |
| covered and tight? | | | | |
| Exposed light bulbs? | | | | |
| Trash and garbage disposed of | | | | |
| properly? | | | | |
| Food stored properly? | | | | |
| Chemicals stored separately & | | | | |
| properly? | | | | |
| Medicaition/First Aid supplies | | | | |
| stored properly? | | | | |
| Spill Kits stored properly? | | | | |
| Bed Rails checked? | | | | |
| Choking posters hung on wall in | | | | |
| dining room? OCFS Programs Only | | | | |
| Emergency lights operational? | | | | |

Other:

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List Vehicle(s) and current license plate number(s) in the space below.

| Vehicle (s) | | | |
|------------------|--|--|--|
| Veh. Lic # | | | |
| Odometer | | | |
| reading | | | |
| Registration – | | | |
| Present & | | | |
| Valid | | | |
| Ins. Card | | | |
| Present & | | | |
| Valid | | | |
| Spill kit in | | | |
| vehicle and full | | | |

Comments:

Program Directors must sign and return to Maintenance Services with notation of corrections made or Maintenance Request attached within 5 days. **Unsafe Conditions** must be corrected immediately.

Director _____ Date of Response _____ Date Received at Maintenance Services