

Classroom Daily Safety Checklist

Date: _____

Teacher Name: _____

Checklist Items

- Are all emergency exits clear and accessible? (Yes/No)
- Are fire extinguishers easily accessible and in good condition? (Yes/No)
- Are safety materials (first-aid kit, etc.) stocked and accessible? (Yes/No)
- Are electrical outlets and cords secure and not overloaded? (Yes/No)
- Are all hazardous materials properly stored? (Yes/No)
- Are classroom furniture and equipment safe and stable? (Yes/No)
- Is the classroom free from tripping hazards? (Yes/No)
- Are students aware of emergency procedures? (Yes/No)
- Is the air quality in the room acceptable? (Yes/No)
- Are student belongings properly organized to prevent clutter? (Yes/No)

Additional Comments:

Teacher Signature: _____