

Month August

School No. 1211

FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST

Name of School: Tiger Academy
Address: _____

Principal: Charles McWhite
Telephone: 309-6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
8/31/11	1:15pm	1:21pm				

COMMENTS: _____

TESTED ALARM FACILITIES:

DATE 8/31/11 HOUR 1:15pm

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		(✓)	(✓)	(✓)	(✓)
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		(✓)	(✓)	(✓)	(✓)
3. Check to see that no chains and padlocks are on panic hardware.		(✓)	(✓)	(✓)	(✓)
4. Report all obvious tripping hazards.		(✓)	(✓)	(✓)	(✓)
5. Report all electrical receptacles and wall switches with missing or broken face plates.		(✓)	(✓)	(✓)	(✓)
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		(✓)	(✓)	(✓)	(✓)
7. Verify that all solid waste containers are kept closed at all times except when being used.		(✓)	(✓)	(✓)	(✓)
8. Verify that all drinking fountains are cleaned daily.		(✓)	(✓)	(✓)	(✓)
9. Report inoperative fly fans.		()	()	()	()
10. Verify that playground equipment is in safe condition.		(✓)	(✓)	(✓)	(✓)
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		(✓)	(✓)	(✓)	(✓)
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		(✓)	(✓)	(✓)	(✓)

Remarks: _____

PRINCIPAL'S SIGNATURE

Arthur L. Cummings
INSPECTOR'S SIGNATURE

Month September

School No. 1211

**FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST**

Name of School: Tiger Academy
Address: _____

Principal: Charles McWhite
Telephone: 309-6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
<u>9/30/11</u>	<u>1:32pm</u>	<u>1:37pm</u>			<u>Cool/sunny</u>	

COMMENTS: _____

TESTED ALARM FACILITIES:

DATE 9/30/11 HOUR 1:32

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
3. Check to see that no chains and padlocks are on panic hardware.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
4. Report all obvious tripping hazards.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
5. Report all electrical receptacles and wall switches with missing or broken face plates.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
7. Verify that all solid waste containers are kept closed at all times except when being used.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
8. Verify that all drinking fountains are cleaned daily.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
9. Report inoperative fly fans.		<u>()</u>	<u>()</u>	<u>()</u>	<u>()</u>
10. Verify that playground equipment is in safe condition.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>

Remarks: _____

PRINCIPAL'S SIGNATURE

Arthur L. Cummings
INSPECTOR'S SIGNATURE

Month October

School No. 121

**FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST**

Name of School: Tiger Academy
Address: _____

Principal: Charles McWhite
Telephone: 309 6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
<u>10/24/11</u>	<u>2:06pm</u>	<u>2:09pm</u>	<u>Afternoon</u>		<u>75° F</u>	

COMMENTS: _____


TESTED ALARM FACILITIES: _____


DATE _____ HOUR _____

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Check to see that no chains and padlocks are on panic hardware.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Report all obvious tripping hazards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Report all electrical receptacles and wall switches with missing or broken face plates.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Verify that all solid waste containers are kept closed at all times except when being used.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Verify that all drinking fountains are cleaned daily.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Report inoperative fly fans.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Verify that playground equipment is in safe condition.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: _____


PRINCIPAL'S SIGNATURE


INSPECTOR'S SIGNATURE

Month NovemberSchool No. 121FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLISTName of School: Tiger Academy
Address: 6079 Bagley RdPrincipal: Charles McWhite
Telephone: 904 309 0840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
<u>11/30/11</u>	<u>8:53a</u>	<u>8:57a</u>	<u>AM</u>			

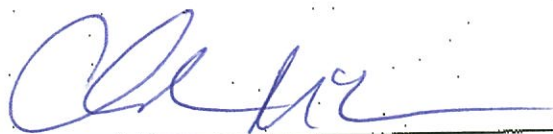
COMMENTS: _____

TESTED ALARM FACILITIES: _____

DATE 11/30 HOUR _____Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Check to see that no chains and padlocks are on panic hardware.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Report all obvious tripping hazards.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Report all electrical receptacles and wall switches with missing or broken face plates.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Verify that all solid waste containers are kept closed at all times except when being used.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Verify that all drinking fountains are cleaned daily.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Report inoperative fly fans.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Verify that playground equipment is in safe condition.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: _____



PRINCIPAL'S SIGNATURE



INSPECTOR'S SIGNATURE

Month January

School No. 1211

FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST

Name of School: Tiger Academy
Address: 4679 Bagley Rd.

Principal: Charles McWhitt
Telephone: 309 6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
<u>1/13/12</u>	<u>2:27</u>	<u>2:30</u>	<u>Afternoon</u>			

COMMENTS:

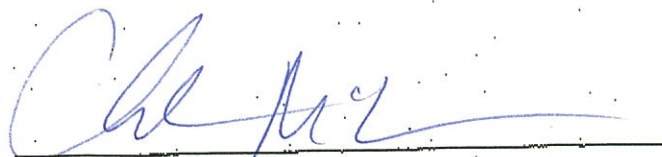
TESTED ALARM FACILITIES:

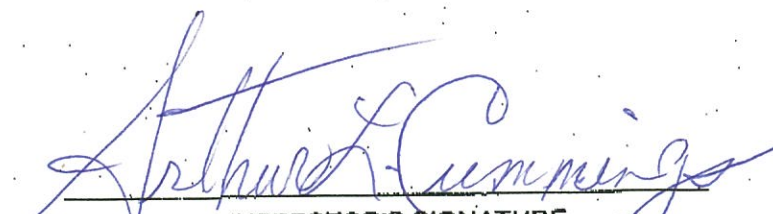
DATE _____ HOUR _____

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		(✓)	(✓)	(✓)	(✓)
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		(✓)	(✓)	(✓)	(✓)
3. Check to see that no chains and padlocks are on panic hardware.		(✓)	(✓)	(✓)	(✓)
4. Report all obvious tripping hazards.		(✓)	(✓)	(✓)	(✓)
5. Report all electrical receptacles and wall switches with missing or broken face plates.		(✓)	(✓)	(✓)	(✓)
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		(✓)	(✓)	(✓)	(✓)
7. Verify that all solid waste containers are kept closed at all times except when being used.		(✓)	(✓)	(✓)	(✓)
8. Verify that all drinking fountains are cleaned daily.		(✓)	(✓)	(✓)	(✓)
9. Report inoperative fly fans.		()	()	()	()
10. Verify that playground equipment is in safe condition.		(✓)	(✓)	(✓)	(✓)
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		(✓)	(✓)	(✓)	(✓)
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		(✓)	(✓)	(✓)	(✓)

Remarks:


PRINCIPAL'S SIGNATURE


INSPECTOR'S SIGNATURE

Month February

School No. 1211

FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST

Name of School: Tiger Academy
Address: 4079 Bagley Rd

Principal: Charles McWhite
Telephone: 309-6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
<u>2-14</u>	<u>2:01 pm</u>	<u>2:04 pm</u>				

COMMENTS:


TESTED ALARM FACILITIES:

DATE 2/14 HOUR 2:00 pm

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		(✓)	(✓)	(✓)	(✓)
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		(✓)	(✓)	(✓)	(✓)
3. Check to see that no chains and padlocks are on panic hardware.		(✓)	(✓)	(✓)	(✓)
4. Report all obvious tripping hazards.		(✓)	(✓)	(✓)	(✓)
5. Report all electrical receptacles and wall switches with missing or broken face plates.		(✓)	(✓)	(✓)	(✓)
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		(✓)	(✓)	(✓)	(✓)
7. Verify that all solid waste containers are kept closed at all times except when being used.		(✓)	(✓)	(✓)	(✓)
8. Verify that all drinking fountains are cleaned daily.		(✓)	(✓)	(✓)	(✓)
9. Report inoperative fly fans.		(✓)	(✓)	(✓)	(✓)
10. Verify that playground equipment is in safe condition.		(✓)	(✓)	(✓)	(✓)
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		(✓)	(✓)	(✓)	(✓)
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		(✓)	(✓)	(✓)	(✓)

Remarks:



PRINCIPAL'S SIGNATURE



INSPECTOR'S SIGNATURE

Month MarchSchool No. 1211FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLISTName of School: Tiger Academy
Address: 10079 Bagley Rd.Principal: Charles McWhite
Telephone: 309-6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
3-23-12	8:44a	8:47a	AM			

COMMENTS: _____

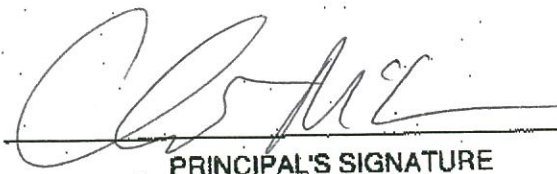
TESTED ALARM FACILITIES: _____

DATE _____ HOUR _____

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		(✓)	(✓)	(✓)	(✓)
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		(✓)	(✓)	(✓)	(✓)
3. Check to see that no chains and padlocks are on panic hardware.		(✓)	(✓)	(✓)	(✓)
4. Report all obvious tripping hazards.		(✓)	(✓)	(✓)	(✓)
5. Report all electrical receptacles and wall switches with missing or broken face plates.		(✓)	(✓)	(✓)	(✓)
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		(✓)	(✓)	(✓)	(✓)
7. Verify that all solid waste containers are kept closed at all times except when being used.		(✓)	(✓)	(✓)	(✓)
8. Verify that all drinking fountains are cleaned daily.		(✓)	(✓)	(✓)	(✓)
9. Report inoperative fly fans.		()	()	()	()
10. Verify that playground equipment is in safe condition.		(✓)	(✓)	(✓)	(✓)
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		(✓)	(✓)	(✓)	(✓)
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		(✓)	(✓)	(✓)	(✓)

Remarks: _____



PRINCIPAL'S SIGNATURE



INSPECTOR'S SIGNATURE

Month April

School No. 1211

**FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST**

Name of School: Tiger Academy
Address: 10079 Bagley Rd

Principal: Charles McWhite
Telephone: 309 6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
04-30-12	2:29					

COMMENTS: _____

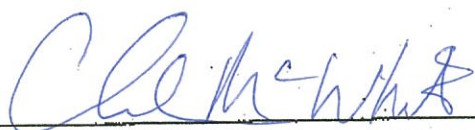
TESTED ALARM FACILITIES: _____

DATE 04-30-12 HOUR _____

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		(✓)	(✓)	(✓)	(✓)
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		(✓)	(✓)	(✓)	(✓)
3. Check to see that no chains and padlocks are on panic hardware.		(✓)	(✓)	(✓)	(✓)
4. Report all obvious tripping hazards.		(✓)	(✓)	(✓)	(✓)
5. Report all electrical receptacles and wall switches with missing or broken face plates.		(✓)	(✓)	(✓)	(✓)
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		(✓)	(✓)	(✓)	(✓)
7. Verify that all solid waste containers are kept closed at all times except when being used.		(✓)	(✓)	(✓)	(✓)
8. Verify that all drinking fountains are cleaned daily.		(✓)	(✓)	(✓)	(✓)
9. Report inoperative fly fans.		()	()	()	()
10. Verify that playground equipment is in safe condition.		(✓)	(✓)	(✓)	(✓)
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		(✓)	(✓)	(✓)	(✓)
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		(✓)	(✓)	(✓)	(✓)

Remarks: _____



PRINCIPAL'S SIGNATURE



INSPECTOR'S SIGNATURE

Month May

School No. 1211

**FIRE EXIT, EMERGENCY EVACUATION DRILLS AND
SAFETY - TO - LIFE CHECKLIST**

Name of School: Tiger Academy
Address: 12079 Bagley

Principal: Charles McWhite
Telephone: 309 6840

DATE	TIME DRILL STARTED	TIME DRILL OVER	TIME OF DRILL	ENROLLMENT THIS DATE	WEATHER CONDITION	EVACUATION PLAN USED
<u>5-31-12</u>	<u>8:40am</u>	<u>8:44am</u>	<u>AM</u>		<u>77°</u>	

COMMENTS: _____

TESTED ALARM FACILITIES: _____

DATE _____ HOUR _____

Check the following Safety - To - Life WEEKLY. Retain one copy and send one copy to the Director of safety MONTHLY.

	WEEK	1	2	3	4
1. All exit lights operative.		(✓)	(✓)	(✓)	(✓)
2. Check to see that all fire extinguishers are filled and have been recharged within the last year.		(✓)	(✓)	(✓)	(✓)
3. Check to see that no chains and padlocks are on panic hardware.		(✓)	(✓)	(✓)	(✓)
4. Report all obvious tripping hazards.		(✓)	(✓)	(✓)	(✓)
5. Report all electrical receptacles and wall switches with missing or broken face plates.		(✓)	(✓)	(✓)	(✓)
6. Check to see that all soap dispensers are filled and / or that bar soap and paper towels are provided for each restroom.		(✓)	(✓)	(✓)	(✓)
7. Verify that all solid waste containers are kept closed at all times except when being used.		(✓)	(✓)	(✓)	(✓)
8. Verify that all drinking fountains are cleaned daily.		(✓)	(✓)	(✓)	(✓)
9. Report inoperative fly fans.		()	()	()	()
10. Verify that playground equipment is in safe condition.		(✓)	(✓)	(✓)	(✓)
11. Check fire alarm system to ascertain that it has not been placed in an inoperative condition by unauthorized personnel.		(✓)	(✓)	(✓)	(✓)
12. Verify that flammable materials are stored correctly - State Board Education Regulation 6A - 2.78.		(✓)	(✓)	(✓)	(✓)

Remarks: _____

PRINCIPAL'S SIGNATURE

INSPECTOR'S SIGNATURE