■ Classroom / Meeting Room Safety Worksheet

Name: _____ Grade/Group: _____ Room: _____ Date: _____

Safety Walk – Check YES or NO

■ Furniture & Equipment

☐ YES	☐ NO	Tables, desks, and shelves are sturdy
☐ YES	☐ NO	Chairs and desks are pushed in
☐ YES	☐ NO	Large items cannot tip over

■ Walkways & Exits

☐ YES	☐ NO	Walkways are clear
☐ YES	☐ NO	Emergency exits are not blocked
☐ YES	☐ NO	Backpacks and supplies are stored neatly

■ Electrical & Technology Safety

☐ YES	☐ NO	Cords are not in walkways
☐ YES	☐ NO	Electronics are used safely
☐ YES	☐ NO	Liquids are away from technology

■ Supplies & Materials

☐ YES	☐ NO	Tools are stored safely
☐ YES	☐ NO	Heavy items are stored on low shelves
☐ YES	☐ NO	Cleaning supplies are out of reach

■ Emergency Awareness

☐ YES	☐ NO	I know where the nearest exit is
☐ YES	☐ NO	I know where to line up in an emergency
☐ YES	☐ NO	I follow adult directions during drills

■ Safety Rating

☐ **SAFE** ☐ **MOSTLY SAFE** ☐ **NEEDS CHANGES**

Adult Review / Notes:

_____

_____

Reviewed by: _____ Date: _____