



CATHOLIC MUTUAL GROUP



“SELF INSPECTION REPORT”

This form has been designed to provide a simple means for a person to conduct a safety inspection at their facility. The form is intended to be an aid in detecting hazards and thus reducing exposure to loss. If there are any specific questions or problems, the Risk Management Department at Catholic Mutual should be contacted.

Instructions

1. Complete heading of report.
2. Inspection should be done by pastor, facility administrator, or maintenance manager.
3. Plan sufficient time to walk through entire premises. Take form along and check appropriate response while conducting the inspection. Written notes can also be made for serious problems discovered or items not specifically covered on this form.
4. After inspection has been completed, determine what action is required to correct problem.
5. Send photocopies of report to:

Catholic Mutual Group
Attn. Risk Management Department
10843 Old Mill Road
Omaha, Nebraska 68154-2600
FAX (402) 551-2943

AND

Diocesan Insurance
Contact

6. Repairs/Corrective Measures should be completed within 30 days and the “Follow-up Worksheet” **must be returned** at that time.

Please note: The success of this program requires both the inspection of the property and correction of the hazards detected.

Questions, problems and/or requests for safety literature can be made through the Risk Management Department of Catholic Mutual at [800-228-6108](tel:800-228-6108).

ARCH/DIOCESE _____ PARISH/INSTITUTION _____

INSPECTED BY _____ JOB TITLE _____

ADDRESS _____ DATE OF INSPECTION _____

CITY/STATE/ZIP _____ TELEPHONE _____

E-MAIL ADDRESS _____ WEBSITE ADDRESS _____

Place X next to buildings inspected:

Church _____ **Rectory** _____ **Convent** _____ **Garage** _____

High School _____ **Grade School** _____ **Gym** _____ **Other** _____

YES NO

Has a building been built, acquired or sold within the past year

If yes, please provide the type of occupancy, address, and square footage on the enclosed Follow-up Worksheet (eg: Dwelling; 1234 Street; City; State; Zip Code; 2,700 sq. ft.)

Please answer all questions. If not applicable, respond N/A

I. INTERIOR

YES NO

- 1. Are floor surfaces even (Check for trip hazards) _____
- 2. Is carpeting in good condition and securely fastened _____
- 3. Are doors secure, have adequate locks, close properly _____
- 4. Are windows free of cracks and breaks _____
- 5. Stairs
 In good repair _____
 Handrails present (sturdy & securely attached) _____
 Are stairways and landings free of storage material _____
- 6. Fire Extinguishers
 Adequate number & size (Minimum Size - 5 lb. ABC Dry Chemical) _____
 Inspected annually, tagged and properly charged _____
 Mounted and Accessible _____
- 7. Electrical
 Is wiring in good condition, connections secure and/or free of fraying _____
 Are extension cords properly used and sized _____
 Is there a 3' clearance around electrical panels _____
 Is office equipment outfitted with surge protectors _____
- 8. Heating, A/C Equipment/Furnace Room
 Are yearly service checks performed _____
 Is furnace room free of combustible materials and chemicals _____
 Are boilers currently certified _____
- 9. Are exits clearly marked, lighted and not blocked _____
- 10. Residential Alarms (Recommend monthly testing)
 Smoke (Minimum - 1 per level) detectors function properly _____
 Carbon Monoxide _____
School, Large Assembly Alarms
 Fire _____
 Are alarms operational and regularly tested _____
 Security _____
- 11. Is copy of Bloodborne Pathogens Plan present _____
- 12. Are there emergency evacuation plans posted in schools, public meeting areas and church classrooms _____
- 13. Are there emergency preparedness and procedure plans in schools and public meeting areas _____
- 14. Are emergency lights functional _____
- 15. Are candles well protected (discouraged in schools and offices) _____

	YES	NO
16. Are there main utility shutoffs and do appropriate staff know their location	_____	_____
17. Are all chemicals/flammables properly labeled and stored in approved safety cabinets	_____	_____
18. Do you have an Automatic External Defibrillator (AED)	_____	_____

II. EXTERIOR

	YES	NO
1. Is foundation structurally sound	_____	_____
2. Is roofing in good repair	_____	_____
3. Are gutters, downspouts, and roof drains inspected regularly and kept clean	_____	_____
4. Is chimney free of cracks and breaks and cleaned annually if used	_____	_____
5. Does facility have a LIGHTNING protection system (such as lightning rods)	_____	_____
6. Are walkways level and free of holes and cracks	_____	_____
7. Are entrance mats in good condition and securely fastened	_____	_____
8. Are driveways and parking lots clearly marked and lighted	_____	_____
9. Are stairs and handrails present and in good condition	_____	_____
10. Is there adequate lighting around building	_____	_____
11. Is playground equipment properly maintained	_____	_____
12. Is there 9" to 12" of cushioning material (sand, pea gravel, etc.) in place and maintained under playground equipment	_____	_____
13. Does playground have a sign indicating "Adult Supervision Required"	_____	_____

RISK MANAGEMENT POLICIES

I. CONTRACT REVIEW/CERTIFICATES OF INSURANCE

	YES	NO
1. Do you have a copy of the Diocesan Contract Review Policy	_____	_____
2. Are Certificates of Insurance obtained from outside organizations or individuals renting or using the facilities (eg: Knights of Columbus, Girl Scouts, wedding receptions, etc.)	_____	_____
3. Are Certificates of Insurance obtained from outside contractors scheduled to repair or renovate the facilities	_____	_____

It is important that original Certificates be kept in one central file so they would be available should the need arise

4. Do you lease your facilities	_____	_____
5. Do you maintain an inventory list of furnishings & equipment	_____	_____

II. VEHICLE SAFETY POLICY

	YES	NO
1. Do you have a copy of the Diocesan Vehicle Safety Policy	_____	_____
2. Do you maintain an up-to-date list of authorized vehicle drivers (both Employees & Volunteers)	_____	_____

- continued on next page -

3. Please list all vehicles owned by your location

Year Make Model

4. From the above list, how many are 11-15 passenger vans? _____

All vehicles should be maintained in accordance with manufacturer's recommendations and periodic vehicle safety inspections should be conducted

III. EDUCATION/RESOURCE MATERIALS

YES NO

1. Have appropriate personnel attended any diocesan training programs _____

2. Have all appropriate personnel viewed Catholic Mutual's "Safety and the Church" video
(If not, the chancery has a copy available for your review) _____

3. Please indicate if you would like a "CARES" safety and video materials checklist sent to your location or if there are any specific topics for which you would like further information _____

* Materials are listed and available from our website: www.catholicmutual.org

CEMETERY CHECKLIST

Areas Inspected

Roadways

Fences/Gates

Ditches & drainage

Grass & weed control

Adequate trash receptacles

Abandoned tombs

Insect problems

Trees & shrubs trimmed

Walkways clear & safe

Safety equipment

Maintenance of equipment

Fuel storage tank

Maintenance

Perpetual care tombs

Statues & church owned memorials

Markers stable & secure

Mausoleums

Roofs/Trim

Granite or marble structures

Caulking

Painted areas

Glass & metal doors work

Drainage

Odors

Floors & walkways

Cleanliness

Place comments on overall condition of inspected items and note problem areas below:

