

cares

“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
Email: rm@catholicmutual.org

AND

Diocesan Insurance Contact

6. The tentative date for repairs/corrective measures should be indicated on the enclosed “Follow-up Worksheet.” **Please note:** The success of this program requires both the inspection of the property and correction of the hazards detected.

This report can also be completed on our website at www.catholicmutual.org.
Once you have logged in, click on *Risk Management Info* click on *Property* and then click on *Self Inspection Report*.

Questions, problems and/or requests for safety literature can be made through the
 Risk Management Department of Catholic Mutual at **800-228-6108**

ARCH/DIOCESE _____	PARISH/INSTITUTION _____
ADDRESS _____	EMAIL ADDRESS _____
CITY/STATE/ZIP _____	WEBSITE ADDRESS _____
TELEPHONE _____	DATE OF INSPECTION _____
INSPECTED BY _____	JOB TITLE _____

Place X next to buildings inspected

Church _____ Rectory _____ Convent _____ Garage _____ Hall _____

High School _____ Grade School _____ Gym _____ Other _____

Please answer all questions.

	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.)

Is any building currently vacant or unoccupied?	_____	_____
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INTERIOR

	YES	NO	N/A
1. Are floor surfaces even (<i>Check for trip hazards</i>)	_____	_____	_____
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 (<i>sturdy & securely attached</i>)	_____	_____	_____
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. Residential Alarms (<i>Recommend monthly testing</i>)			
Smoke detectors function properly (Minimum - 1 per level)	_____	_____	_____
Carbon Monoxide	_____	_____	_____
10. School, Large Assembly Alarms			
Fire	_____	_____	_____
Security	_____	_____	_____
Are alarms operational and regularly tested	_____	_____	_____
11. Are exits clearly marked, lighted and not blocked	_____	_____	_____
12. Is copy of Bloodborne Pathogens Plan present in schools	_____	_____	_____
13. Are there emergency evacuation plans posted in schools, public meeting areas and church classrooms	_____	_____	_____
14. Are there emergency preparedness and procedure plans in place	_____	_____	_____
15. Are emergency lights functional	_____	_____	_____
16. Are candles well protected (<i>discouraged in schools and offices</i>)	_____	_____	_____

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

EXTERIOR

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"	_____	_____	_____

CEMETERY CHECKLIST

✓ Check each box for all areas inspected

Maintenance/Safety

- Perpetual care tombs
- Statues & church owned memorials
- Markers stable & secure
- 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

Mausoleums

- Roofs/Trim
- Granite or marble structures
- Caulking
- Painted areas
- Glass & metal doors work
- Drainage
- Floors & walkways
- Cleanliness

(To be completed by Administration only)

CONTRACT REVIEW/FACILITY USAGE POLICY

Diocesan guidelines when entering into any type of contract, agreement or lease or when individuals/organizations use your facilities for non-parish sponsored events.

- 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
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

VEHICLE SAFETY POLICY

Diocesan guidelines intended to standardize the safety methods and procedures for individuals driving on behalf of a parish/school. Guidelines could include a MVR check and a defensive driving course.

- 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
3. Do you own, operate or lease passenger vans/shuttles capable of transporting more than 10 people regardless of the current seating capacity in the vehicle

SECURITY POLICY

Each institution should be capable of demonstrating that appropriate steps have been taken to secure its facilities and to ensure emergency procedures in place.

- 1. Do you have a security emergency response plan in place
2. Are practice drills regularly conducted
3. Do you have key control policy in place
4. Do you maintain an inventory list of furnishings & equipment

EDUCATION/RESOURCE MATERIALS

- 1. Have appropriate personnel attended any diocesan training programs
2. Have all appropriate personnel viewed Catholic Mutual's online safety training modules
3. Please indicate if there are any specific topics for which you would like further information

Blank lines for providing specific information for item 3.

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

Blank lines for providing overall comments and problem areas.

Follow-Up Worksheet



ARCH/DIOCESE _____

PARISH/INSTITUTION _____

CITY/STATE/ZIP _____

LIST ALL PLANNED OR CORRECTIVE MEASURES TAKEN AND RETURN WITHIN 30 DAYS

DATE

Please complete within 30 days and return to:

Catholic Mutual Group
ATTN: Risk Management Department
10843 Old Mill Road
Omaha, NE 68154-2600
(800) 228-6108
Fax: (402) 551-2943
Email: rm@catholicmutual.org