



CATHOLIC MUTUAL GROUP



LP: _____

PN: _____

“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, maintenance manager, business manager, trustee.
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:

Paul Altmann
Catholic Mutual Group
P.O. Box 969
Superior, WI 54880
paltmann@catholicmutual.org

FAX: (715) 392-1098 or
(715) 395-3758 or
EMAIL: Bernie Kroseman at
bkroseman@catholicdos.org

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 Diocese of Superior Insurance, 715-394-0232 or 715-394-0222.

ARCH/DIOCESE Diocese of Superior

E-MAIL ADDRESS _____

PARISH/INSTITUTION

INSPECTED BY _____

CITY/STATE/ZIP

DATE INSPECTED _____

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		
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

	YES	NO
I. CONTRACT REVIEW/CERTIFICATES OF INSURANCE		
1. Are you aware that when entering into any contract for \$5000 or more , the parish must obtain the Bishop's approval	_____	_____
2. 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.	_____	_____
3. Are Certificates of Insurance obtained from outside organizations or individuals renting or using the facilities (eg: Knights of Columbus, Girl Scouts, Boy Scouts)?	_____	_____
4. Are you aware of the Special Events Policy and application form	_____	_____
5. Do you lease your facilities	_____	_____
6. Do you maintain an inventory list of furnishings & equipment	_____	_____
II. VEHICLE SAFETY POLICY		
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 viewed the Be Smart—Drive Safe Module on CMG Connect?	_____	_____
2. Have appropriate personnel viewed the other training modules on CMG Connect? (e.g. Preventive Maintenance, Youth Ministry, School Safety, etc.)	_____	_____
3. Are you aware that personnel can also login to www.catholicmutual.org to view the Risk Management Best Practices Manual for best practices in Transportation, Parish Festivals, Security, Volunteer Administration and more? At the same time, you can access Risk Management Info for safety topics applicable to church and home.	_____	_____
4. If instructions are not enclosed for accessing the CMG Connect Training Program or how to login to www.catholicmutual.org , contact: paltmann@catholicmutual.org or 715-394-0222.		

CEMETERY CHECKLIST - Check each box for all areas inspected

Maintenance/Safety

- | | |
|---|---|
| <input type="checkbox"/> Perpetual care tombs | <input type="checkbox"/> Abandoned tombs |
| <input type="checkbox"/> Statues & church owned memorials | <input type="checkbox"/> Insect problems |
| <input type="checkbox"/> Markers stable & secure | <input type="checkbox"/> Trees & shrubs trimmed |
| <input type="checkbox"/> Roadways | <input type="checkbox"/> Walkways clear & safe |
| <input type="checkbox"/> Fences/Gates | <input type="checkbox"/> Safety equipment |
| <input type="checkbox"/> Ditches & drainage | <input type="checkbox"/> Maintenance of equipment |
| <input type="checkbox"/> Grass & weed control | <input type="checkbox"/> Fuel storage tank |
| <input type="checkbox"/> Adequate trash receptacles | |

Mausoleums

- | | |
|---|--|
| <input type="checkbox"/> Roofs/Trim | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Granite or marble structures | <input type="checkbox"/> Odors |
| <input type="checkbox"/> Caulking | <input type="checkbox"/> Floors & walkways |
| <input type="checkbox"/> Painted areas | <input type="checkbox"/> Cleanliness |
| <input type="checkbox"/> Glass & metal doors work | |

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