



# 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](mailto: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.

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. )

	YES	NO	N/A
Is any building currently vacant or unoccupied?	_____	_____	_____

**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. <b>Stairs</b><br>In good repair<br>Handrails present ( <i>sturdy &amp; securely attached</i> )<br>Are stairways and landings free of storage material   | _____<br>_____<br>_____          | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| 6. <b>Fire Extinguishers</b><br>Adequate number & size ( <b>Minimum Size - 5 lb. ABC Dry Chemical</b> )<br>Inspected annually, tagged and properly charged<br>Mounted and Accessible   | _____<br>_____<br>_____          | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| 7. <b>Electrical</b><br>Is wiring in good condition, connections secure and/or free of fraying<br>Are extension cords properly used and sized<br>Is there a 3' clearance around electrical panels<br>Is office equipment outfitted with surge protectors | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| 8. <b>Heating, A/C Equipment, Furnace Room</b><br>Are yearly service checks performed<br>Is furnace room free of combustible materials and chemicals<br>Are boilers currently certified  | _____<br>_____<br>_____          | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| 9. <b>Residential Alarms</b> ( <i>Recommend monthly testing</i> )<br>Smoke detectors function properly ( <b>Minimum - 1 per level</b> )<br>Carbon Monoxide   | _____<br>_____                   | _____<br>_____                   | _____<br>_____                   |
| 10. <b>School, Large Assembly Alarms</b><br>Fire<br>Security<br>Are alarms operational and regularly tested  | _____<br>_____<br>_____          | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| 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> )   | _____                            | _____                            | _____                            |
| 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   | _____                            | _____                            | _____                            |

YES NO N/A

- 19. Do you have an Automatic External Defibrillator (AED) \_\_\_\_\_
- 20. Are AED locations included as part of new employee/volunteer training and are all employee's/volunteer's regularly reminded of the location of all AED's \_\_\_\_\_
- 21. Are AED's included on a regular maintenance schedule to ensure batteries and pads are checked regularly and replaced when needed \_\_\_\_\_
- 22. Are AED's accessible for all sporting events, including practices \_\_\_\_\_

**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 (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

YES NO

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 (both Employees & Volunteers)
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

YES NO

As a reminder, 11-15 passenger vans should not be used to transport people

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

YES NO

EDUCATION/RESOURCE MATERIALS

YES NO

- 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

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