



CATHOLIC MUTUAL GROUP

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

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.

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. <u>INTERIOR</u>	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. <u>Stairs</u>		
In good repair	_____	_____
Handrails present (sturdy & securely attached)	_____	_____
Are stairways and landings free of storage material	_____	_____
6. <u>Fire Extinguishers</u>		
Adequate number & size (Minimum Size - 5 lb. ABC Dry Chemical)	_____	_____
Inspected annually, tagged and properly charged	_____	_____
Mounted and Accessible	_____	_____
7. <u>Electrical</u>		
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. <u>Heating, A/C Equipment/Furnace Room</u>		
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. <u>Residential Alarms</u> (Recommend monthly testing)		
Smoke (Minimum - 1 per level) detectors function properly	_____	_____
Carbon Monoxide	_____	_____
<u>School, Large Assembly Alarms</u>		
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

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

Maintenance

- | | |
|---|--|
| <input type="checkbox"/> Perpetual care tombs | <input type="checkbox"/> Markers stable & secure |
| <input type="checkbox"/> Statues & church owned memorials | |

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:
