



# 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: Kris Twining**  
**PO Box 44983**  
**Madison, WI 53744-4983**  
**PHONE # (866) 833-3090**  
**FAX # (608) 833-3794**

**AND**

**St. Ambrose Fin. Svcs., Inc.**  
**Attn: Christine Strange, Acting**  
**Administrator**  
**PO Box 4004, 3710 East Ave S.**  
**La Crosse, WI 54602-4004**  
**PHONE # (866) 833-3090**

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 La Crosse 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    |
|--|-------|-------|
| 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>   |       |       |
| In good repair   | _____ | _____ |
| Handrails present ( <i>sturdy &amp; securely attached</i> )  | _____ | _____ |
| Are stairways and landings free of storage material  | _____ | _____ |
| 6. <b>Fire Extinguishers</b>   |       |       |
| Adequate number & size ( <b>Minimum</b> Size - 5 lb. ABC Dry Chemical)                                 | _____ | _____ |
| Inspected annually, tagged and properly charged  | _____ | _____ |
| Mounted and Accessible   | _____ | _____ |
| 7. <b>Electrical</b>   |       |       |
| 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. <b>Heating, A/C Equipment, Furnace Room</b>   |       |       |
| Are yearly service checks performed  | _____ | _____ |
| Is furnace room free of combustible materials and chemicals  | _____ | _____ |
| Are boilers currently certified  | _____ | _____ |
| 9. <b>Residential Alarms</b> ( <i>Recommend monthly testing</i> )                                      |       |       |
| Smoke detectors function properly ( <b>Minimum</b> - 1 per level)                                      | _____ | _____ |
| Carbon Monoxide  | _____ | _____ |
| 10. <b>School, Large Assembly Alarms</b>   |       |       |
| 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   | _____ | _____ |
| 13. Are there emergency evacuation plans posted in schools, public meeting areas and church classrooms | _____ | _____ |
| 14. Are there emergency preparedness and procedure plans in schools and public meeting areas           | _____ | _____ |
| 15. Are emergency lights functional  | _____ | _____ |
| 16. Are candles well protected ( <i>discouraged in schools and offices</i> )                           | _____ | _____ |

	YES	NO
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 <b>LIGHTNING</b> protection system ( <i>such as lightning rods</i> )	_____	_____
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 ( <i>sand, pea gravel, etc.</i> ) in place and maintained under playground equipment	_____	_____
13. Does playground have a sign indicating " <b>Adult Supervision Required</b> "	_____	_____

**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

**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.*

- |   | YES   | NO    |
|---|-------|-------|
| 1. Do you have a copy of the <b>Diocesan Contract Review Policy</b>   | _____ | _____ |
| 2. Are <b>Certificates of Insurance</b> obtained from outside organizations or individuals renting or using the facilities (eg: <i>Knights of Columbus, Girl Scouts, wedding receptions, etc.</i> ) | _____ | _____ |
| 3. Are <b>Certificates of Insurance</b> 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.*

- |   | YES   | NO    |
|---|-------|-------|
| 1. Do you have a copy of the <b>Diocesan Vehicle Safety Policy</b>  | _____ | _____ |
| 2. Do you maintain an up-to-date list of authorized vehicle drivers (both <i>Employees &amp; Volunteers</i> ) | _____ | _____ |
| 3. Do you own, operate or lease 11-15 passenger vans  | _____ | _____ |

**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.*

- |   | YES   | NO    |
|---|-------|-------|
| 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**

- |  | YES   | NO    |
|--|-------|-------|
| 1. Have appropriate personnel attended any diocesan training programs                                  | _____ | _____ |
| 2. Have all appropriate personnel viewed Catholic Mutual's on-line 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:

\_\_\_\_\_

\_\_\_\_\_