

JAMES R. FAVOR & COMPANY

FRATERNITY/SORORITY LIFE SAFETY / LOSS CONTROL PROGRAM INSPECTION/REPORT

Fraternity/Sorority National Account	Branch Office
School Name	Risk Control Representative
Chapter Name	Person(s) Interviewed and Title(s)
Location Surveyed (Street Address)	Date Received
City, State, Zip Code, County	Date Completed

OVERALL EVALUATION

Good

Needs Improvement

Poor

CONTACTS RESPONSIBLE FOR INSURANCE & LIFE SAFETY / LOSS CONTROL AT THIS CHAPTER/HOUSE CORPORATION:

1. House Corporation	Name: _____	Title: _____	
	Address: _____	Phone: _____	Day time
		E-mail: _____	
2. Active Chapter	Name: _____	Title: _____	
	Address: _____	Phone: _____	
		E-mail: _____	

NOTE: EXPLAIN OR MAKE IMPROVEMENT SUGGESTIONS IN THE NARRATIVE FOR ALL RED ANSWERS.

A. FIRE DETECTION / ALARM SYSTEMS:

	YES	NO
1. Are Smoke/Heat Detectors present in all common areas throughout the entire location?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Smoke/Heat Detectors present in all sleeping/individual rooms throughout the entire location?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Fire Detection/Alarm System limited to "Store Bought" Battery Powered Smoke Detectors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is this location fully protected by an Automatic "Hard Wired" Fire Detection/Alarm System?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are all smoke detectors tied into the Alarm System?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Does the Fire Detection/Alarm System include a Central Station Monitoring Service?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is this location fully protected by a "Manual Or Pull Station" Alarm System?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is there a service contract with a qualified company to regularly inspect, test & service the Fire Detection/Alarm Systems to ensure proper operation, with current inspection tags attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are all Fire Detection/Alarm Systems & Smoke Detectors regularly tested & records kept?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Automatic – Annual, Manual – Monthly, "Store Bought" Battery Smoke Detectors – Weekly)		

B. EXITS & EMERGENCY ESCAPE ROUTES:

	YES	NO
1. Are all Exits and Escape Routes clearly marked with lighted exit signs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are all Exits and Escape Routes readily accessible through full height doors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do all rooms have at least two (2) means of exit with one being a full height door?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are "Emergency Escape Ladders" available on all upper floors where needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Can all Exits be easily opened from the inside without keys or special devices?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are all Exits and Escape Routes (doors, hallways, stairways) well lit (light fixtures operational) and kept clear of any storage or obstructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are Exterior Fire Escapes (if any) adequate, easily accessible, and safely maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. EMERGENCY LIGHTING SYSTEMS / PORTABLE FIRE EXTINGUISHERS:** YES NO
1. Is this location fully protected by an Automatic Emergency Lighting System?
 2. Is adequate Emergency Lighting provided for all exits and escape routes?
(basements, upper floors, exit doors, hallways, stairways, etc.)
 3. Are all Emergency Lights/Emergency Lighting Systems tested at least monthly and records kept?
 4. Are Emergency Lights/Emergency Lighting Systems kept operational with prompt repairs made?
 5. Are there adequate Fire Extinguishers of the proper type, properly located to comply with local fire department codes and university regulations?.....
(10 pound, Dry Chemical "ABC" ratings, within 50' travel distance)
 6. Are all Fire Extinguishers annually serviced by a qualified company with current inspection tags attached?

- D. EMERGENCY PLANNING MEASURES:** YES NO
1. Have written Fire/Emergency Plans & Procedures been established, reviewed with employees and members, and posted in prominent locations?
 2. Are Emergency Evacuation Plans/Escape Routes currently posted in all rooms & common areas?
 3. Are Self-Closing Fire Doors present where necessary to create separate fire divisions and reduce the potential for rapid fire spread?.....
 4. Are all Fire Doors and Emergency Exits checked regularly to ensure proper operation with any use of wedges or door stops strictly prohibited?.....
 5. Are Emergency Phone Numbers (fire, police, medical) posted at each telephone?
 6. Does this location afford adequate easy access for Fire/Emergency Services and are parking restrictions strictly enforced?
 7. Have all employees and members been instructed in the proper use/operation of the Fire Alarm System and Fire Extinguishers?.....
 8. Are all employees and members required to participate in regular Fire Drills?
(Fire Drills should be held at least once per School Term & records on file)

- E. PROPERTY SECURITY AND SUPERVISION:** YES NO
1. Is building access for this location properly secured 24hrs. a day with access restricted via member controlled keys, card keys, or a keypad lock system?
 2. Is there a person designated each night, to secure this location and conduct a Fire/Security Inspection?
(doors locked, appliances off, cigarettes out, emergency exits clear, etc.)
 3. Is this location promptly cleaned and secured, with a special Fire/Security Inspection conducted immediately after all functions/events?
 4. Is Security and Supervision for this location adequate during any periods of vacancy or regular unoccupancy such as vacations and summer periods?
 5. Is Security and Supervision for this location adequate in the event of storms or extreme weather occurring while the location is vacant or unoccupied?

- F. ELECTRICAL SYSTEMS:** YES NO
1. Are all wiring and lighting fixtures in good condition, with no evidence of exposed, frayed, non-standard or "temporary" wiring?
 2. Are all electrical panels, circuit breakers, switchboxes and fuse cabinets unobstructed, clean and closed, with no evidence of re-wiring or tampering?
 3. Are "high voltage" appliances/equipment used in such areas as laundry and kitchen properly connected with grounded plugs?
 4. Are all electrical outlets in good physical condition with Ground Fault Interrupter circuits provided in bathrooms, kitchens and laundry areas?
 5. Are all fuses/circuit breakers of proper size and has the cause of any frequent "breaker trips" or "blown fuses" been found and eliminated?
 6. Is the use of extension cords restricted to allow only limited use of properly grounded cords in good repair and only when absolutely necessary?
 7. Is the use of extension cords prohibited for items such as electric blankets, coffee makers, hot plates, space heaters and any similar "high voltage" appliances/equipment?.....

G. KITCHEN FACILITIES AND EQUIPMENT:			YES	NO
<input type="checkbox"/> Commercial Equipment	<input type="checkbox"/> Domestic Equipment	<input type="checkbox"/> No Cooking Equipment		
1. Are all kitchen cooking areas, surfaces, hoods and exhaust systems fully protected by an Automatic Fire Extinguishing/Alarm System?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the kitchen Automatic Fire Extinguishing/Alarm System equipped with an automatic fuel cut-off and easily accessible manual actuation switch?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is there a service contract with a qualified company to inspect, test & service the kitchen Automatic Fire Extinguishing/Alarm System at least annually with current inspection tags attached?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are all grease filters and traps cleaned with adequate frequency in relation to cooking volume, and are all hood lights within vapor proof globes?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are all hoods and exhausts cleaned at least semi-annually by a qualified company and currently free of excessive grease accumulation?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is all cooking equipment and are all exhaust ducts properly insulated or adequately separated (minimum 24" distance) from combustibles?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have all employees and members been instructed in the proper use/operation of the kitchen Automatic Fire Extinguishing/Alarm System and Portable Extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is the kitchen well supervised, cleaned daily, and operated in a sanitary manner?	<input type="checkbox"/>	<input type="checkbox"/>		

H. HEATING, REFRIGERATION & AIR CONDITIONING SYSTEMS:			YES	NO
1. Is there a service contract with a qualified company to inspect & service all heating, refrigeration & air conditioning systems and hot water tanks at least annually?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the Boiler/Furnace located in a separate, fully enclosed Fire Resistive Room?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the Boiler/Furnace room equipped with an Automatic Self-Closing Fire Door?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is the Boiler/Furnace room kept clean with storage of flammables, trash, or any other combustible materials strictly prohibited?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is the Boiler equipped with automatic pressure relief valves and low water level shut-offs, or is the Furnace equipped with automatic temperature limit controls?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Are main fuel valve locations known and marked with clear instructions posted for emergency closure as well as reopening and system relighting?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are any exposed fuel lines properly protected from accidental physical damage?	<input type="checkbox"/>	<input type="checkbox"/>		

I. FIRE SPRINKLER SYSTEMS:			YES	NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO			
1. Is this location fully protected by an Automatic Sprinkler System including the basement (if any)?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the Sprinkler System Alarm connected to a Central Station Monitoring Service?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the Automatic Sprinkler System fully operational and is there a service contract with a qualified company to inspect, test & service it at least annually?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are all sprinkler heads unobstructed, clean, free of paint and the Automatic Sprinkler System pipes and hangers free of any damage, corrosion or rust?	<input type="checkbox"/>	<input type="checkbox"/>		
5. With wet pipe systems, are all sprinkler heads and piping areas properly heated?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the Sprinkler Control Area secure, with control valves locked in the open position?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is there a monthly self-inspection program established to record compliance with the above?	<input type="checkbox"/>	<input type="checkbox"/>		

J. GENERAL EXTERIOR PREMISES CONDITIONS:			YES	NO
1. Are all parking areas, sidewalks, stairways, porches and fire escapes properly maintained and kept free of slip, trip & fall hazards, debris or obstructions?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is there any evidence of vandalism, broken or cracked windows/doors?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are all exterior building fixtures, including signs/Greek letters, securely attached?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are all gutters and downspouts securely attached and regularly inspected to be certain they are unobstructed and discharge away from the building?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are grounds well maintained including proper trimming of trees and bushes with timely removal of any dead or decayed trees, bushes or other debris?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the exterior lighting for this location provide adequate illumination around the entire facility including all exits/entrances and parking areas?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is roof access strictly prohibited and are any accessible roof areas fully protected by secure railings at least 4' in height?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is there a weekly cleaning and maintenance schedule established for the exterior premises?	<input type="checkbox"/>	<input type="checkbox"/>		

K. GENERAL INTERIOR PREMISES CONDITIONS:	YES	NO
1. Are food/beverage spills cleaned up immediately, and all floors cleaned and maintained in accordance with a weekly cleaning and maintenance schedule?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all floor surfaces and carpeted areas free of slip, trip & fall hazards with no missing, broken/ cracked tiles or torn/loose carpeting?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all stairways equipped with adequate and properly secured handrails? (Handrails should be provided on both sides for stairways wider than 4')	<input type="checkbox"/>	<input type="checkbox"/>
4. Are non-slip surfaces provided in all hazardous slip, trip & fall areas such as bathrooms, interior and exterior stairs, exits and fire escapes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is smoking controlled and restricted to designated areas with ample ashtrays provided and is smoking in bed strictly prohibited?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Are cleaners/paints stored in a secure, well-ventilated area in enclosed metal cabinets, with flammable liquids such as gasoline prohibited in the building?	<input type="checkbox"/>	<input type="checkbox"/>

L. GENERAL HOUSEKEEPING & SPECIAL HAZARDS:	YES	NO
1. Is general housekeeping good throughout this location (including basements, garages, attics, etc.) with storage areas kept securely locked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is clean up and trash removal done promptly to avoid hazardous accumulation of combustibles, with outside disposal in secure enclosed metal containers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this location permit only non-combustible decorations and restrict any special electrical or lighting decorations to U.L. approved fixtures & wiring?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any fireplaces and chimneys properly enclosed with combustibles kept clear of the hearth?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a service contract with a qualified company to inspect the fireplace at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does this location present any unique physical facility hazards or hazardous recreation facilities (elevators, swimming pools, slides, swings, trampolines, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are firearms prohibited in the facility?	<input type="checkbox"/>	<input type="checkbox"/>

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Notice: Development or performance of this limited-purpose survey shall not be construed to affix responsibility or liability on **James R. Favor & Company** for the isolation or corruption of identified or unidentified hazards. The responsibility for identification of all hazards and their correction remains with the Chapter/House Corporation.

	Yes	No	
Last Inspection Completed?.....			Date: _____
Were There Requirements?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Have All Requirements Been Completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Plans For Completion/Expected Completion?	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Written Confirmation Of Completion?	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____

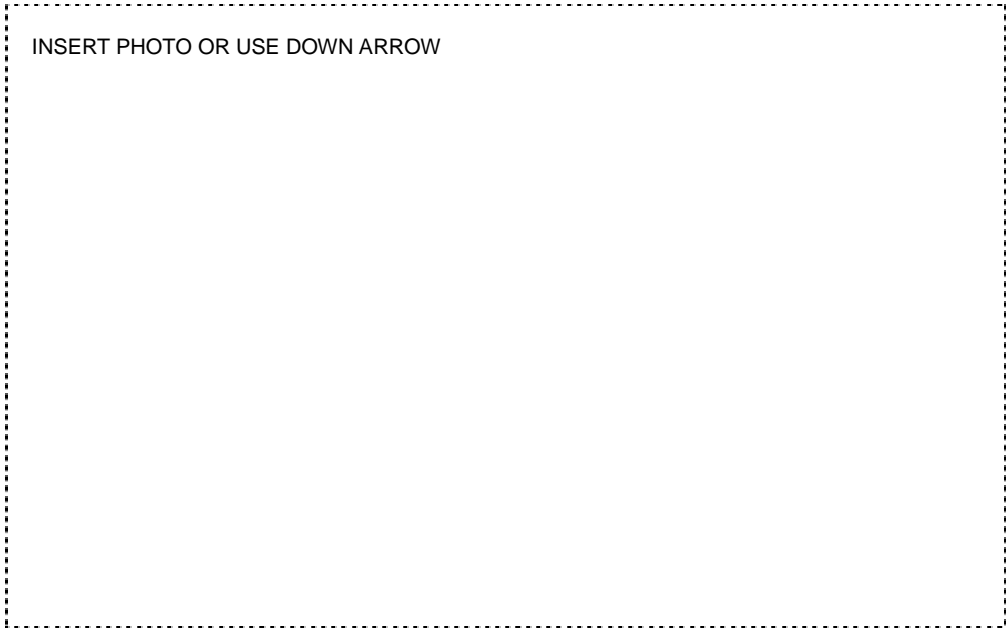
National Acct. _____

School _____

Chapter Name _____

PHOTO MOUNTING SHEET

INSERT PHOTO OR USE DOWN ARROW



PICTURE NUMBER _____

DESCRIPTION _____



PICTURE NUMBER _____

DESCRIPTION _____

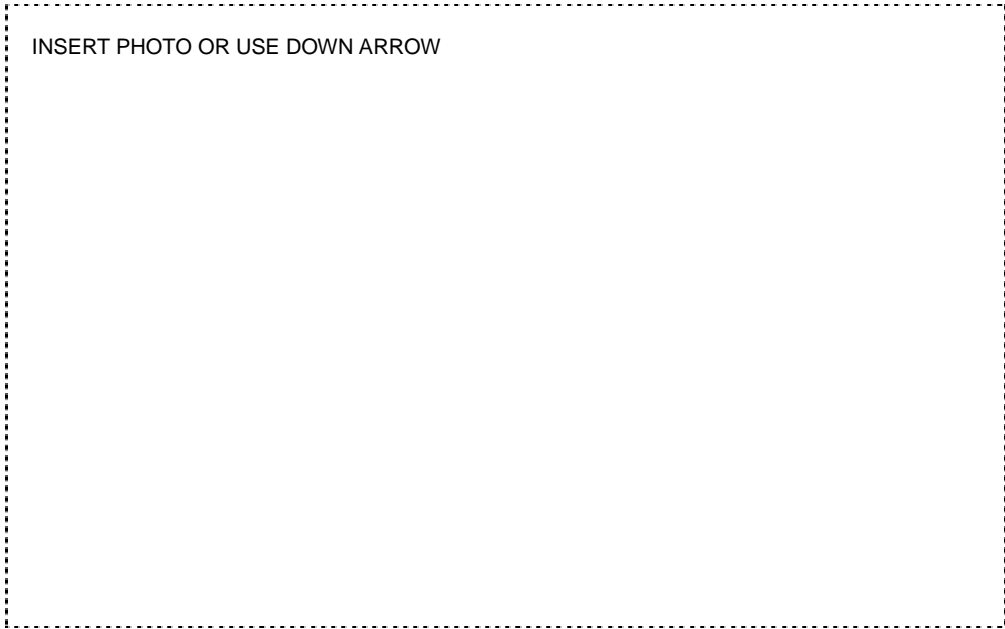
National Acct. _____

School _____

Chapter Name _____

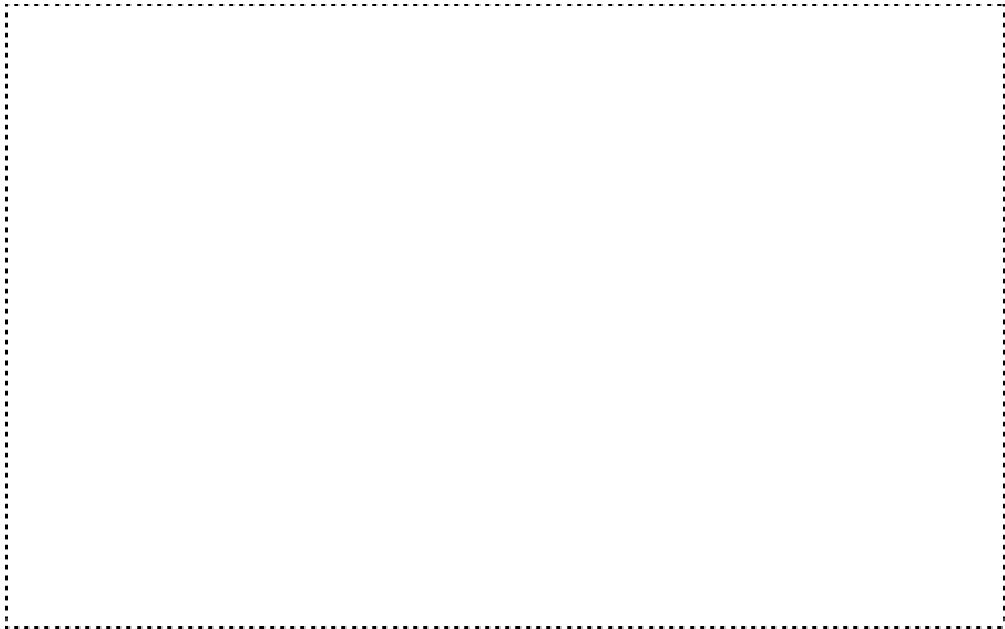
PHOTO MOUNTING SHEET

INSERT PHOTO OR USE DOWN ARROW



PICTURE NUMBER _____

DESCRIPTION _____



PICTURE NUMBER _____

DESCRIPTION _____

National Acct. _____

School _____ Chapter Name _____

NARRATIVE SUPPLEMENT/COMMENTS & RECOMMENDATIONS

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