

KINGDOM HALL MAINTENANCE/SAFETY CHECKLIST

INSTRUCTIONS: The brother appointed to coordinate Kingdom Hall maintenance or the chairman of the operating committee should make arrangements to conduct a physical inspection of the Kingdom Hall and property in September of each year using this checklist. This detailed inspection aids the elders in seeing that everything is being kept in good condition and that there are no safety hazards. Any areas of concern are to be corrected promptly. A copy of the completed checklist is to be shared with the body of elders of each congregation using the Kingdom Hall. The original should be forwarded to the branch on or before September 30.—See *Organized To Do Jehovah's Will*, chapter 11, paragraphs 6-8.

Date of inspection: _____ Inspected by: _____

Congregation(s) (List all congregations using the Kingdom Hall.)		
Congregation Name	City/State (or Province)	Congregation No.

Building

- | | | | |
|------------------|---|------------------------------|-----------------------------|
| Roof: | Is the roof free of leaks? Are shingles or sheathing well secured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Soffits: | Are the soffits and fascia free of water damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exterior: | Are mortar joints in the masonry in good repair? Is plaster free of cracks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wood structure: | Are wooden building components free of termite damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Doors/windows: | Are door and window locks, hinges, and handles in good working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire protection: | Are extinguishers fully charged (or are water buckets available)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no (to any of the above), please describe what has been done to correct the situation?

Finishes

- | | | | |
|----------------|---|------------------------------|-----------------------------|
| Wood surfaces: | Have worn veneers on doors, door and window frames, or shutters been refinished? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paint: | Have faded or peeling surfaces been cleaned and repainted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor: | Are all tile, vinyl, or concrete floor surfaces in good repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seating: | Are all chairs or benches in good repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Storage: | Are the literature cabinets, counter tops, and library shelves in good repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Furnishings: | Are the speaker's stand, platform furniture, and contribution boxes in good repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no (to any of the above), please describe what has been done to correct the situation?

Mechanical

- | | | | |
|------------|--|------------------------------|-----------------------------|
| Heat/vent: | Is heating equipment and ceiling fans in good working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electric: | Have burnt-out light bulbs been replaced? Are circuit breakers working properly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plumbing: | Are toilets working properly? Are waste lines flowing? Has septic tank/pit been emptied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no (to any of the above), please describe what has been done to correct the situation?

Site

- | | | | |
|------------|---|------------------------------|-----------------------------|
| Fence: | Is fence in good repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Landscape: | Is the property clear of all debris? Are trees and bushes neatly trimmed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drainage: | Is water drainage adequate during heavy rainfall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no (to any of the above), please describe what has been done to correct the situation?

Signatures (If more than one congregation is involved, the coordinators of the bodies of elders may sign.)

_____ Maintenance coordinator _____ Coordinator of the body of elders _____ Service overseer _____ Secretary