

LOSS CONTROL CHECKLIST

Name of Congregation: _____
 Street Address: _____
 State: _____

Congregation No.: _____
 City: _____
 Zip Code: _____

	YES	NO	N/A*		YES	NO	N/A*		YES	NO	N/A*
FIRE PROTECTION				HOUSEKEEPING (contd)				LIGHT, POWER, HEAT, AND APPLIANCES (contd)			
Are all fire extinguishers:				Is the building locked when there is no one on the premises?				Is air-conditioning equipment cleaned and serviced by a competent serviceman?			
a. Serviced annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is attic free of flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date serviced _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tagged with date of last service? Date last serviced _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXITS AND ACCESS				Are motors kept clean and adequately ventilated to reduce overheating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all exits visible and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all electrical appliances properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hung within 75' of any part of each floor depending on size, in a conspicuous place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all exits marked with a readily visible sign that is properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are furnace rooms and boiler rooms free of flammable material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not subject to freezing if water or soda acid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all exit doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are furnace rooms and boiler rooms free of lawn mowers and gasoline cans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				a. Arranged to open outwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONEY			
Are periodic tests and inspections made of the following to insure proper operation:				b. Easily operated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are money collections deposited the same day in a night bank depository?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Fire hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Provided with anti-panic hardware in all public rooms and areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents in the immediate area and local police asked to keep an eye out for suspicious activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date tested _____				Are all fire escapes in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KITCHEN			
b. Automatic sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any holes or cracks in sidewalks or parking lots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are hood, ducts, ovens, ranges, and filters cleaned on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date tested _____				Will they be filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the automatic fire extinguishing system inspected and maintained by contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fire alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIDEWALKS AND PARKING AREAS				FIRST AID			
Date tested _____				Are all areas free of conditions which will cause slipping and falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is only the minimal emergency first aid and treatment administered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAIRS AND DOORS				Are all fire escapes in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No medications kept at this location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Stairs covered with anti-slip surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any holes or cracks in sidewalks or parking lots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature and phone numbers of operating committee			
b. All handrails securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will they be filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				1. _____
c. Hallway doors kept closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIGHT, POWER, HEAT, AND APPLIANCES			2. _____				
d. Full length clean glass doors and windows marked to avoid someone's walking into them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is all heating equipment (incl. flues and pipes):				3. _____			
HOUSEKEEPING				a. Properly insulated from combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed: _____			
Are waste receptacles provided and are they emptied regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Cleaned and serviced annually by a competent heating contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Are storage and supply rooms neat and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are electrical, heating, and A/C rooms:							
Are flammable paints and liquids:				a. Restricted to authorized personnel only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
a. Kept to an absolute minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Free of combustible storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Kept in sealed metal containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are electrical extension and appliance cords in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Stored in approved flammable liquids storage cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the electrical system been checked and serviced by a competent electrician within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Are only non-flammable cleaning materials used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of last inspection _____							
Are all closets free of oily mops and flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

*N/A-Does not apply

(Please complete and return to the Society)