

SELF INSPECTION, Page 1

COMPLETED BY:

TELEPHONE:

DATE:

Lodge Name & Number:

Street Address:

City:

State:

Zip Code:

	Yes	No
I. Access Roads, Walkways, Parking Areas		
1. Free of debris, cracks, broken paving.	<input type="checkbox"/>	<input type="checkbox"/>
2. Different elevations between adjacent walkways provided with guards or well marked.	<input type="checkbox"/>	<input type="checkbox"/>
3. Walkways flat, well-drained, without holes	<input type="checkbox"/>	<input type="checkbox"/>
4. Fences & barricades secured & in good condition	<input type="checkbox"/>	<input type="checkbox"/>
5. Pathways & parking areas well lighted	<input type="checkbox"/>	<input type="checkbox"/>
6. Walkways have safe clearance from motorized equipment	<input type="checkbox"/>	<input type="checkbox"/>
II. Stairs and Ramps		
1. Standard stair rails or hand rails provided on stairways with four or more stairs & ramps.	<input type="checkbox"/>	<input type="checkbox"/>
2. Handrails well secured with no sharp or rough parts.	<input type="checkbox"/>	<input type="checkbox"/>
3. Stairs tread & riser free of chips, cracks, unevenness	<input type="checkbox"/>	<input type="checkbox"/>
4. Stairs treads & ramps slip resistant	<input type="checkbox"/>	<input type="checkbox"/>
5. Stairways & ramps well lighted	<input type="checkbox"/>	<input type="checkbox"/>
6. Do stairs have at least 6 1/2 feet overhead clearance	<input type="checkbox"/>	<input type="checkbox"/>
III. Floor & Wall Openings		
1. Large glass areas subject to human impact well marked	<input type="checkbox"/>	<input type="checkbox"/>
2. Floor opening provided with guard rail or cover	<input type="checkbox"/>	<input type="checkbox"/>
3. Grate type covers designed not to affect foot traffic	<input type="checkbox"/>	<input type="checkbox"/>
4. Safe floors non-skid	<input type="checkbox"/>	<input type="checkbox"/>
IV. Exiting & Egress		
1. Emergency lighting provided in corridors & stairways	<input type="checkbox"/>	<input type="checkbox"/>
2. All exits marked & properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>
3. All doors, passages, stairs that aren't exits properly marked	<input type="checkbox"/>	<input type="checkbox"/>
4. All exits & passageways free of obstruction	<input type="checkbox"/>	<input type="checkbox"/>
5. Are at least two means of egress provided from upper floors	<input type="checkbox"/>	<input type="checkbox"/>
V. Exit Doors		
1. All exit doors opening the direction of the exit	<input type="checkbox"/>	<input type="checkbox"/>
2. Cold storage room doors provided with inside release	<input type="checkbox"/>	<input type="checkbox"/>
3. Doors opening into street provided with warnings or barriers to prevent stepping into path of vehicles.	<input type="checkbox"/>	<input type="checkbox"/>
VI. Storage Areas		
1. Storage areas clean, dry & free of refuse	<input type="checkbox"/>	<input type="checkbox"/>
2. Entrance to areas locked while unattended	<input type="checkbox"/>	<input type="checkbox"/>
3. Flammable & combustibles stored away from heating devices & open flames	<input type="checkbox"/>	<input type="checkbox"/>
4. Trash & debris in metal containers & regularly removed	<input type="checkbox"/>	<input type="checkbox"/>
VII. Emergency & First Aid		
1. Emergency numbers posted at each phone	<input type="checkbox"/>	<input type="checkbox"/>
2. Employees instructed on reporting emergencies	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees instructed on use of portable extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
4. First aid kits clean and fully stocked	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Outdoor Fixtures & Playgrounds		
1. Benches & Tables free of cracks, splinters & broken parts	<input type="checkbox"/>	<input type="checkbox"/>
2. Water fountains & taps in good repair without broken parts	<input type="checkbox"/>	<input type="checkbox"/>
3. BBQ free of sharp edges or missing parts	<input type="checkbox"/>	<input type="checkbox"/>
4. Playground equipment clean & in good repair	<input type="checkbox"/>	<input type="checkbox"/>

SELF INSPECTION, Page 2

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IX. Swimming Pool	Yes	No
1. Appropriate caution signs posted.	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper enclosure to prevent falling into pool or access to children	<input type="checkbox"/>	<input type="checkbox"/>
3. Glass cups & plates not allowed in pool area	<input type="checkbox"/>	<input type="checkbox"/>
4. Remove diving board	<input type="checkbox"/>	<input type="checkbox"/>
5. Certified Lifeguard when pool open	<input type="checkbox"/>	<input type="checkbox"/>
X. Kitchen, Bar & Restaurant		
1. Metal container with cover provided for greasy rags	<input type="checkbox"/>	<input type="checkbox"/>
2. Knives stored in holders when not in use	<input type="checkbox"/>	<input type="checkbox"/>
3. Electrical cords & plugs of appliances in good condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Food processing equipment properly guarded & in good repair	<input type="checkbox"/>	<input type="checkbox"/>
5. Glass stored away from open ice storage & food storage areas	<input type="checkbox"/>	<input type="checkbox"/>
6. Gas & beverage concentrate cylinders secured against tipping	<input type="checkbox"/>	<input type="checkbox"/>
7. Drain & other floor openings covered	<input type="checkbox"/>	<input type="checkbox"/>
8. Non-skid mats provided in line of sinks, ice machine, range, etc.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are mats clean without grease or other build-up	<input type="checkbox"/>	<input type="checkbox"/>
10. Foods stored off the floor	<input type="checkbox"/>	<input type="checkbox"/>
11. Food covered and stored in refrigerator when not being prepared	<input type="checkbox"/>	<input type="checkbox"/>
12. Hood & filters over range clean and not laden with grease	<input type="checkbox"/>	<input type="checkbox"/>
13. Suppression system in hood inspected in last six months	<input type="checkbox"/>	<input type="checkbox"/>
14. Chairs, stools & tables in good condition	<input type="checkbox"/>	<input type="checkbox"/>
XI. Restrooms, Locker Rooms, Showers & Saunas		
1. Maintained dry, clean, sanitized & free of debris	<input type="checkbox"/>	<input type="checkbox"/>
2. Well-illuminated, burned out bulbs promptly replaced	<input type="checkbox"/>	<input type="checkbox"/>
3. Hand towel, soap, toilet paper & sink fixtures secured & in good repair	<input type="checkbox"/>	<input type="checkbox"/>
4. Toilet stall & locker walls, doors & latches secure & in good repair	<input type="checkbox"/>	<input type="checkbox"/>
5. Walking surfaces of non-skid materials	<input type="checkbox"/>	<input type="checkbox"/>
6. Appropriate warning signs posted, i.e., "CAUTION - SLIPPERY WHEN WET", or "DO NOT USE OVER 15 MINUTES", etc.	<input type="checkbox"/>	<input type="checkbox"/>
XII. Personal Protection Devices		
1. Appropriate protective devices provided for chemicals on site such as respirators for gas leaks, gloves, goggles, etc.	<input type="checkbox"/>	<input type="checkbox"/>
2. Compliance with "Right to Know" requirements where applicable	<input type="checkbox"/>	<input type="checkbox"/>
XIII. Protection Devices		
1. All automatic fire sprinkler system valves wide open	<input type="checkbox"/>	<input type="checkbox"/>
2. All heat/smoke detection systems in operation	<input type="checkbox"/>	<input type="checkbox"/>
3. Portable extinguishers serviced in last 12 months & tagged.	<input type="checkbox"/>	<input type="checkbox"/>
4. Pressures in appropriate range on gauge	<input type="checkbox"/>	<input type="checkbox"/>
5. Extinguishers properly mounted at stations	<input type="checkbox"/>	<input type="checkbox"/>
6. Extinguishers recharged, as required	<input type="checkbox"/>	<input type="checkbox"/>
7. All sleeping quarters provided with smoke detectors unless provided with automatic sprinklers and carbon monoxide detectors	<input type="checkbox"/>	<input type="checkbox"/>