



## Loss Prevention Worksheet

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Times: \_\_\_\_\_

Description: \_\_\_\_\_

- Events  Sponsored (low hazard) – Complete Part A & D  
 Sponsored (high hazard) – Complete Part A & B & D  
 Service Activity – Complete Part A & C & D

Report Completed by \_\_\_\_\_

Signature \_\_\_\_\_

### Loss Prevention Worksheet - Part A

- |                                                                                                                   |                                                                                                                      |                |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Have certificates of insurance been obtained?<br>State limits                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                             | COMMENTS _____ |
| 2. Have Hold-Harmless Agreements been executed?                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                             | _____          |
| 3. Have buildings and grounds self-inspection been completed?<br>All deficiencies corrected?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |
| 4. Have all Kiwanians been briefed on responsibilities?<br>Accident/incident response reporting?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |
| 5. Will members trained in first aid, or other emergency<br>medical care, be available at the event at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                             | _____          |

### Loss Prevention Worksheet - Part B

- |                                                                                                                         |                                                          |                |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------|
| 1. Provide detailed description of event and hazards presented.<br>What action has been taken to address these hazards? |                                                          | COMMENTS _____ |
| 2. Has event been reviewed with International Headquarters<br>insurance coordinator?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          |
| Date & Time _____                                                                                                       |                                                          | _____          |
| Name of Contact _____                                                                                                   |                                                          | _____          |

### Loss Prevention Worksheet - Part C

1. Has written release/permission been obtained for all minors involved?  Yes  No
2. Have certificates of insurance been obtained from transportation provider?  
State Limits \_\_\_\_\_  Yes  No
3. Have adequate chaperones been planned?  Yes  No
4. Are chaperones trained in first aid?  Yes  No

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Loss Prevention Worksheet - Part D

**IMPORTANT:** Periodic inspection of your organization's buildings and grounds can alert you and your maintenance staff to potential danger to your property and those who use it. This form is provided for periodic self-inspection and is recommended for use on a quarterly inspection basis and prior to any event to assist you in discovering hazards before an accident can occur. Correct all negative conditions immediately.

**INSTRUCTIONS:** Please check Yes, No or NA (not applicable) answers to all questions below. All "No" answers indicate an area of unsatisfactory conditions and a comment regarding same should be made in the space provided on the back of this form. Use a separate sheet for each building.

NAME OF ORGANIZATION: \_\_\_\_\_ (if other than Kiwanis building or grounds)

BUILDING LOCATION: \_\_\_\_\_

NAME OF INSPECTOR: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_ THIS IS PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_ PAGES

### SECTION I GROUNDS

1. Are parking areas, walkways, stairs, driveways, etc. free from conditions that may cause clipping or falling?  Yes  No  NA
2. Is exterior lighting adequate in all areas?  Yes  No  NA
3. Are exterior fire escapes in good condition?  Yes  No  NA
4. Are exterior fire escapes painted regularly?  Yes  No  NA
5. Do exterior fire escapes have securely attached handrails?  Yes  No  NA
6. Are exterior fire escapes kept clear of storage & obstructions?  Yes  No  NA

DESCRIBE DEFICIENCIES ~ CORRECTIVE ACTION TAKEN

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 \_\_\_\_\_

## SECTION II INTERIOR DOORS AND STAIRWAYS

- |                                                                                |                              |                             |                             |                                                 |
|--------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------------------------------|
| 1. Are all exit doors properly marked?                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | DESCRIBE DEFICIENCIES - CORRECTIVE ACTION TAKEN |
| 2. Are all exit doors easily accessible?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 3. Do all exit doors open outward?                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 4. Are all exit doors equipped with panic hardware?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 5. Are all doors easily opened and closed?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 6. Are all doorways and areas adjacent to them free of obstructions?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 7. Are full length, clear glass doors & windows properly identified?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 8. Do all interior stairs have anti-slip treads?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 9. Are stairway and exit doors kept closed at all times?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 10. Do all interior stairways have properly secured hand rails?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 11. Are interior stairways kept free of storage and obstructions at all times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 12. Are interior stairways properly lighted?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |

## SECTION III HEATING AND AIR CONDITIONING EQUIPMENT

- |                                                                                                                           |                              |                             |                             |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------------------------------|
| 1. Has heating equipment been thoroughly inspected by a qualified service man within the past year?<br>Service Date _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | DESCRIBE DEFICIENCIES - CORRECTIVE ACTION TAKEN |
| 2. Is heating equipment (including flues and pipes) properly insulated from combustible materials?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 3. Are heating and air conditioning equipment rooms free of storage?                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 4. Are heating and air conditioning rooms restricted areas?                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 5. Is air conditioning equipment cleaned and serviced annually?                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |

## SECTION IV ELECTRICAL EQUIPMENT & CONTROL PANELS

- |                                                                                                                        |                              |                             |                             |                                                 |
|------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------------------------------|
| 1. Are electrical panels always kept closed?                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | DESCRIBE DEFICIENCIES - CORRECTIVE ACTION TAKEN |
| 2. Are electrical panels always kept clean of storage & obstruction?                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 3. Is circuitry adequate to handle load demand (not requiring frequent fuse replacement or circuit breaker resetting)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 4. Was electrical system installed by a competent electrician?<br>Date of Installation: _____                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 5. Is electrical system regularly maintained by a competent electrician?                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 6. Are all electrical appliances properly grounded and cleaned?                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 7. Are electric motors adequately ventilated to prevent overheating and are they cleared regularly?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |
| 8. Are proper size electrical cords used and are they in good condition?                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | _____                                           |

**SECTION V KITCHEN EQUIPMENT COMMERCIAL TYPE**

- 1. Is all cooking equipment installed and protected as recommended by NFPA No. 96?  Yes  No  NA
- 2. Is hood and duct system installed according to NFPA No. 96 recommendations?  Yes  No  NA
- 3. Are grease filters provided in hood?  Yes  No  NA
- 4. Was the hood and duct system installed with recommended clearances between unprotected combustible materials according to NFPA No. 96?  Yes  No  NA
- 5. Do you have a contract for the commercial cleaning of the complete hood and duct system on at least a semi-annual basis?  Yes  No  NA
- 6. Does your kitchen have a complete, automatic fire protection system installed as approved by the Insurance Services Office?  Yes  No  NA
- 7. Is there an automatic timing device with signal light installed on exhaust fan system?  Yes  No  NA
- 8. Is exhaust fan, hood and filter system completely inspected on a semi-annual basis?  Yes  No  NA

DESCRIBE DEFICIENCIES  
CORRECTIVE ACTION TAKEN

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**SECTION VI HOUSEKEEPING**

- 1. Are storage and supply rooms kept clean and orderly?  Yes  No  NA
- 2. Are trash and rubbish stored in metal containers?  Yes  No  NA
- 3. Are all flammable items (paint, lacquer, paint thinner, etc.) kept in proper containers and stored in approved metal cabinets?  Yes  No  NA
- 4. Are adequate ashtrays and metal waste receptacles provided in each room?  Yes  No  NA
- 5. Are only non-flammable cleaning agents used throughout the entire building?  Yes  No  NA
- 6. Is ready disposal of combustible wastes provided?  Yes  No  NA
- 7. Are areas used for public meetings or other functions always thoroughly checked before securing?  Yes  No  NA
- 8. Are rags, dust cloths, etc. used in cleaning stored in an approved, self-closing metal container?  Yes  No  NA

DESCRIBE DEFICIENCIES  
CORRECTIVE ACTION TAKEN

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**SECTION VII FIRE PROTECTION**

- 1. Are all fire extinguishers serviced and inspected annually?  
Date of Inspection: \_\_\_\_\_  Yes  No  NA
- 2. Are all fire extinguishers tagged with latest service record and inspection date?  Yes  No  NA
- 3. Are fire extinguishers located within 75 feet from any point of exit on each floor?  Yes  No  NA
- 4. Are extinguishers properly protected from damage and freezing?  Yes  No  NA
- 5. Is fire alarm and/or detection system inspected and tested regularly?  
Date Tested: \_\_\_\_\_  Yes  No  NA
- 6. Is standpipe and hose tested and inspected quarterly?  
Date Tested: \_\_\_\_\_  Yes  No  NA

DESCRIBE DEFICIENCIES  
CORRECTIVE ACTION TAKEN

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Reviewed and Approved by Safety Coordinator \_\_\_\_\_ Signature \_\_\_\_\_