Safety and Insurance Self-Inspection Checklist
Upper New York Annual Conference

For Internal Church Purposes Only:
The completion of this checklist helps mitigate risk levels and ultimately church premiums.

This checklist should be utilized to evaluate risks for church facilities and activities. This list should be reviewed by custodial staff, trustees and clergy twice a year to maintain a safe environment for members, staff and visitors and help reduce insurance costs.

**FALL PREVENTION**

Is there adequate lighting in stairwells and hallways? Yes ___ No ___
Concerns ________________________________

Are public areas, stairways and hallways free from slip and fall hazards? Yes ___ No ___
Concerns ________________________________

Are warnings posted when floors are newly waxed? Yes ___ No ___
Concerns ________________________________

Are there sufficient warning cones/signs available? Yes ___ No ___
Concerns ________________________________

Do all stairs have hand rails? Yes ___ No ___
Concerns ________________________________

Are restricted areas kept locked? Yes ___ No ___
Concerns ________________________________

Are ladders, stools, etc. in safe working order? Yes ___ No ___
Concerns ________________________________

Are sidewalks and parking lots salted when icy? Yes ___ No ___
Concerns ________________________________

Do entrance areas have carpets or runners? Yes ___ No ___
Concerns ________________________________

Do sidewalks and other walkways have even surfaces free of trip hazards? Yes ___ No ___
Concerns ________________________________

**PHYSICAL DAMAGE PREVENTION**

Have trees been inspected to identify weakness or potential for falling? Yes ___ No ___
Concerns ________________________________

Are stained glass windows protected by plastic covers? Yes ___ No ___
Concerns ________________________________
THEFT PREVENTION
Are computers and sound equipment kept locked up when not in use? Yes ___ No ___
Concerns _____________________________________________________
Are offerings kept under supervision at all times? Yes ___ No ___
Concerns _____________________________________________________
Are offerings kept either in a substantial safe or night deposited at the bank? Yes ___ No ___
Concerns _____________________________________________________
Is there a monitored burglar alarm in place? Yes ___ No ___
Concerns _____________________________________________________

MECHANICAL AND ELECTRICAL
Are boilers inspected and documented annually? Yes ___ No ___
Concerns _____________________________________________________
Is heating and air conditioning equipment inspected and documented annually? Yes ___ No ___
Concerns _____________________________________________________
Are elevators inspected annually? Yes ___ No ___
Concerns _____________________________________________________
Are heating and electrical rooms kept free of combustibles? Yes ___ No ___
Concerns _____________________________________________________
Are surge suppressors installed in all main power panels? Yes ___ No ___
Concerns _____________________________________________________
Do all electronic equipment, computers, organs have surge suppressors? Yes ___ No ___
Concerns _____________________________________________________

MAINTENANCE AND STORAGE
Are hazardous materials, cleaning chemicals etc. marked and secured? Yes ___ No ___
Concerns _____________________________________________________
Is eye protection used by persons when indicated? Yes ___ No ___
Concerns _____________________________________________________
Is there a system in place for people to report hazards? Yes ___ No ___
Concerns _____________________________________________________
Are storage areas free of clutter? Yes ___ No ___
Concerns _____________________________________________________
FIRE AND LIGHTNING PROTECTION AND PREVENTION

Are all hallways lighted and clear? Yes ___ No ___
Concerns ________________________________

Are exit signs lighted and working? Yes ___ No ___
Concerns ________________________________

Is there a monitored fire alarm system in place? Yes ___ No ___
Concerns ________________________________

Are there appropriate manually actuated fire alarms with alarm bells? Yes ___ No ___
Concerns ________________________________

Are there adequate ABC fire extinguishers throughout the building? Yes ___ No ___
Concerns ________________________________

Are there BC fire extinguishers in all kitchen areas? Yes ___ No ___
Concerns ________________________________

Are all fire extinguishers inspected annually and tagged? Yes ___ No ___
Concerns ________________________________

Are fire doors in place and kept closed? Yes ___ No ___
Concerns ________________________________

Is a film/video inventory of all contents kept off site? Yes ___ No ___
Concerns ________________________________

Are there guidelines for working when the building is otherwise unoccupied? Yes ___ No ___
Concerns ________________________________

PROTECTION OF CHILDREN

Have all persons who work with children had Safe Sanctuaries training? Yes ___ No ___
Concerns ________________________________

Has a background check been made for all persons who work with children? Yes ___ No ___
Concerns ________________________________

Are electrical outlets in nurseries equipped with covers? Yes ___ No ___
Concerns ________________________________

Are all nursery doors equipped with locks? Yes ___ No ___
Concerns ________________________________

Are nursery toys clean, in good repair and do not have small parts? Yes ___ No ___
Concerns ________________________________
Are modern/approved safety gates and playpens used? Yes ___ No ___
Concerns _____________________________________________________

WATER DAMAGE
Are sump pumps in good working order and is there provision for back up? Yes ___ No ___
Concerns _____________________________________________________
Are heat tapes being used on roofs to prevent water leaks due to ice dams? Yes ___ No ___
Concerns _____________________________________________________
Are pipes subject to freezing temperatures protected by heat tapes? Yes ___ No ___
Concerns _____________________________________________________

TECHNOLOGY
Are computer systems backed up daily? Yes ___ No ___
Concerns _____________________________________________________
Are wireless computer networks password protected? Yes ___ No ___
Concerns _____________________________________________________
Are internet connections filtered to block objectionable content? Yes ___ No ___
Concerns _____________________________________________________
Are sound levels checked with a meter to insure that hearing is not damaged? Yes ___ No ___
Concerns _____________________________________________________

The undersigned have completed this inspection and certify that the above items were checked and concerns noted.

Date: ___/___/______
Custodian ___________________________________________________
Trustee _____________________________________________________
Clergy _____________________________________________________
Church Name ________________________________________________
GCFA Number ________________________________________________