



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?
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?
All deficiencies corrected? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | _____
_____ |
| 4. Have all Kiwanians been briefed on responsibilities?
Accident/incident response reporting? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | _____
_____ |
| 5. Will members trained in first aid, or other emergency
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.
What action has been taken to address these hazards? | | COMMENTS _____

_____ |
| 2. Has event been reviewed with International Headquarters
insurance coordinator?
Date and time: _____
Name of contact: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____

_____ |

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? Yes No
State limits _____
- 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 and obstructions? Yes No NA

DESCRIBE DEFICIENCIES ~ CORRECTIVE ACTION TAKEN

SECTION II INTERIOR DOORS AND STAIRWAYS

<ol style="list-style-type: none"> 1. Are all exit doors properly marked? 2. Are all exit doors easily accessible? 3. Do all exit doors open outward? 4. Are all exit doors equipped with panic hardware? 5. Are all doors easily opened and closed? 6. Are all doorways and areas adjacent to them free of obstructions? 7. Are full length, clear glass doors and windows properly identified? 8. Do all interior stairs have anti-slip treads? 9. Are stairway and exit doors kept closed at all times? 10. Do all interior stairways have properly secured hand rails? 11. Are interior stairways kept free of storage and obstructions at all times? 12. Are interior stairways properly lighted? 	<table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<p style="text-align: center;">DESCRIBE DEFICIENCIES ~ CORRECTIVE ACTION</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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SECTION III HEATING AND AIR CONDITIONING EQUIPMENT

<ol style="list-style-type: none"> 1. Has heating equipment been thoroughly inspected by a qualified service man within the past year? Service date: _____ 2. Is heating equipment (including flues and pipes) properly insulated from combustible materials? 3. Are heating and air conditioning equipment rooms free of storage? 4. Are heating and air conditioning rooms restricted areas? 5. Is air conditioning equipment cleaned and serviced annually? 	<table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<p style="text-align: center;">DESCRIBE DEFICIENCIES ~ CORRECTIVE ACTION</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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SECTION IV ELECTRICAL EQUIPMENT & CONTROL PANELS

<ol style="list-style-type: none"> 1. Are electrical panels always kept closed? 2. Are electrical panels always kept clean of storage & obstruction? 3. Is circuitry adequate to handle load demand (not requiring frequent fuse replacement or circuit breaker resetting)? 4. Was electrical system installed by a competent electrician? Date of Installation: _____ 5. Is electrical system regularly maintained by a competent electrician? 6. Are all electrical appliances properly grounded and cleaned? 7. Are electric motors adequately ventilated to prevent overheating and are they cleared regularly? 8. Are proper size electrical cords used and are they in good condition? 	<table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> NA</td></tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<p style="text-align: center;">DESCRIBE DEFICIENCIES ~ CORRECTIVE ACTION</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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SECTION V KITCHEN EQUIPMENT COMMERCIAL TYPE

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Is all cooking equipment installed and protected as recommended by NFPA No. 96? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Is hood and duct system installed according to NFPA No. 96 recommendations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Are grease filters provided in hood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Was the hood and duct system installed with recommended clearances between unprotected combustible materials according to NFPA No. 96? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. Does your kitchen have a complete, automatic fire protection system installed as approved by the Insurance Services Office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. Is there an automatic timing device with signal light installed on exhaust fan system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. Is exhaust fan, hood and filter system completely inspected on a semi-annual basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

DESCRIBE DEFICIENCIES
CORRECTIVE ACTION TAKEN

SECTION VI HOUSEKEEPING

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

DESCRIBE DEFICIENCIES
CORRECTIVE ACTION TAKEN

SECTION VII FIRE PROTECTION

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

DESCRIBE DEFICIENCIES
CORRECTIVE ACTION TAKEN

Reviewed and approved by safety coordinator _____ Signature _____