

## FRATERNITY SELF-INSPECTION

This report is designed to help recognize and reduce loss potential within the residence. These reports should be completed monthly by a competent individual, preferably by a housing corporation officer or chapter advisor.

<u>HOUSING &amp; STORAGE AREAS</u>	YES	NO
General interior and exterior housekeeping good	_____	_____
Storage rooms neatly arranged with good access	_____	_____
Floors and walls clean throughout	_____	_____
Combustible trash removed from building daily	_____	_____
<u>HALLS</u>	YES	NO
All halls are free from obstructions	_____	_____
All halls are well-lighted	_____	_____
All stair steps and wells have secure banisters/railings	_____	_____
<u>BUILDING MAINTENANCE</u>	YES	NO
Roof covering in good condition with no known leaks	_____	_____
All interior and exterior walls in good condition	_____	_____
All interior and exterior doors and windows in good condition	_____	_____
All fire doors between floors marked as such and kept locked	_____	_____
<u>ELECTRICAL SYSTEM</u>	YES	NO
All circuits correctly fused	_____	_____
All covers in place with none broken	_____	_____
No multiple plug/appliances policy in force and posted	_____	_____
Date of last electrician inspection	_____	_____
<u>PLUMBING SYSTEM</u>	YES	NO
Any known leaks	_____	_____
Has sprinkler system been checked in last six months	_____	_____
<u>FURNACES &amp; HOT WATER HEATERS</u>	YES	NO
All located in separate rooms	_____	_____
All doors to rooms close completely	_____	_____
All rooms free from combustible materials	_____	_____
All covers on equipment in place	_____	_____
Equipment inspected within last year by contractor	_____	_____
<u>SMOKING</u>	YES	NO
Allowed in safe location only	_____	_____
Is there a no smoking in bed rule	_____	_____
Ashtrays with large lips used	_____	_____
Butts collected in metal container	_____	_____
<u>SMOKE DETECTION AND FIRE ALARM SYSTEM</u>	YES	NO
Are there manual fire alarm pull boxes in all halls	_____	_____
Is there a smoke detector in each room	_____	_____
If smoke detectors are battery operated, are batteries changed every six months	_____	_____
Date of last battery change	_____	_____
If a hard wired system, is it tested monthly by a responsible person and serviced twice annually by an outside contractor	_____	_____
Date of last monthly test	_____	_____
Date of last contractor inspection	_____	_____

<u>FIRE EXTINGUISHERS</u>	YES	NO
Is there at least one extinguisher on each floor	___	___
Are there extinguishers in the kitchen	___	___
Is there an extinguisher in the laundry room	___	___
Are extinguisher locations accessible and clearly marked	___	___
Does a responsible person make sure all extinguishers are in place and fully charged every month	___	___
Are extinguishers inspected and serviced by an outside contractor yearly	___	___
Date of last yearly contractor inspection	_____	_____

<u>KITCHEN AND COOKING</u>	YES	NO
Is all cooking equipment located under a hood	___	___
Is entire hood and ductwork system cleaned twice a year	___	___
Date of last cleaning	_____	_____
Are removable hood grease filters run through the dishwasher daily	___	___
Is there an extinguishing system serviced twice a year by an outside contractor	___	___
Date of last service	_____	_____

<u>LAUNDRY ROOM</u>	YES	NO
Are lint filters cleaned after each load	___	___
Are areas behind dryers free of lint	___	___

<u>FIRE DRILLS</u>	YES	NO
Is there a practice fire drill every six months	___	___
Date of last drill	_____	_____

<u>INSPECTION</u>	YES	NO
Has campus fire marshal inspected building within last six months	___	___
Has city/town fire department inspected building within last six months	___	___

GENERAL

Explain any "No" answers from above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain corrective action taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have all deficiencies from previous reports been corrected YES NO  
\_\_\_ \_\_\_

Signature and title of person doing inspection \_\_\_\_\_

Name/title of person report forwarded to \_\_\_\_\_ Date forwarded \_\_\_\_\_