



Title: Facility Risk Management Inspection	Policy No.: A.03-01 E
Section: 14	Page No.: 1 of 7

Legislation Reference:	Jubilee Insurance Agencies Ltd.
-------------------------------	---------------------------------

Purpose:	To establish standards for the inspections of facilities insured under the Smoky Lake County’s insurance coverage to ensure compliance with “ Jubilee Insurance Agencies Ltd. ”
-----------------	--

Policy Statement and Guidelines:	
1. OBJECTIVES:	
1.1	Smoky Lake County requires a periodic Facility Risk Management for all facilities insured through Jubilee Insurance Agencies Ltd. Initial Inspection to be completed to the best of the County’s ability and in good faith, by the County’s Safety Officer, to the best of his or her ability, to maintain insurance liability coverage, as part of the Risk Pro Management Program with Jubilee Insurance Agencies.
1.2	Additional Named Insured will be required to submit an Annual Facility Risk Management Inspection for their building/facility, as part of the Risk Pro Management Program to maintain insurance coverage.
1.3	To monitor and improve the risk management of facilities by identifying, preventing, and controlling insurance risk.
1.4	Subsequent inspections may be undertaken by the County’s Safety Officer to the best of his or her ability from time to time at the discretion of the County.
2. INSPECTION:	
2.1	Facility Inspections will include observation of conditions.
2.2	Produce a record of observations.
2.3	Require a response to any observed hazard or defect conditions.
2.4	Site inspections will be recorded using Schedule “A”: Facility Risk Management Inspection form.

	Date	Resolution Number
Approved	September 20, 2007	# 597-07 - Page # 8455
Amended		
Amended		



SCHEDULE "A"



FACILITY RISK MANAGEMENT INSPECTION

Name of Facility: _____

Date of Inspection: _____ Time of Inspection: _____

Inspector: _____
Name *Inspector: Signature*



Maximum capacity of persons that this facility can accommodate: _____

List the key types of functions/events that would take place at this facility during the course of a calendar year:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

Consider those occasions when this facility was used for functions/events during the course of the past year. With this information, estimate the annual usage of this facility in the respective categories below:

INTENSITY OF FACILITY USAGE			
	75% to 100% of Maximum Capacity	25% to 75% of Maximum Capacity	Less than 25% of Maximum Capacity
Number of events or functions			
Total Number of days of usage			
Allocate the total number of usage days into the time of year that the facility is used:			
a. <u>Jan/Feb</u>	_____	_____	_____
b. <u>Mar/Apr</u>	_____	_____	_____
c. <u>May/June</u>	_____	_____	_____
d. <u>July/Aug</u>	_____	_____	_____
e. <u>Sept/Oct</u>	_____	_____	_____
f. <u>Nov/Dec</u>	_____	_____	_____
Allocate the total number of usage days into the type of usage:			
a. <u>Sports Events</u>	_____	_____	_____
b. <u>Cultural Events</u>	_____	_____	_____
c. <u>Social Events</u>	_____	_____	_____
d. <u>Other</u>	_____	_____	_____

INSPECTION REPORT				
	Check	Comments	Recommendations	Corrective Action Taken
INSPECTION				
Grounds/Building Entrances				
Building address & identification is clearly visible				
Grounds are free of unusual hazards				
Trees are free of loose/broken branches and protruding roots				
Fences are sturdy				
Sidewalk and steps are properly maintained				
Paved areas are free of cracks and loose pavement				
Doors and windows are in working condition				
Doors and windows are free of cracks				
Combustible materials are not stored on grounds near building				
Outside lighting is sufficient				
Outside lighting is working				
Fire hydrants are accessible				

INSPECTION REPORT				
Inspection	Check	Comments	Recommendations	Corrective Action Taken
BUILDINGS				
Exterior walls and windows are free of cracks				
Restroom fixtures are in good working condition				
All hazards on floor are covered and marked				
Aisles and passageways have adequate width and are free of obstructions				
Steps and elevation changes are clearly marked				
Stairways are equipped with adequate handrails in good repair				
Work areas are ventilated and free of fumes				
FIRE SAFETY				
All emergency exits are properly marked				
All emergency exits are operational, not obstructed and/or locked				
Fire doors are not propped open				
Evacuation and emergency plans are posted in each area				
Employees are familiar with evacuation and emergency plans				
Employees are trained in fire extinguisher operation				

INSPECTION REPORT				
Inspection	Check	Comments	Recommendations	Corrective Action Taken
Fire extinguishers and other fire fighting equipment in good working condition				
Sprinkler system is in good working condition				
Emergency lighting is provided				
Emergency lighting is working				
Furnace rooms and electrical rooms are free of combustibles				
Adequate number of smoke detectors and fire alarms				
Smoke detectors and fire alarms are in good working condition				
Access to all emergency equipment is clear of obstacles				
MACHINERY & ELECTRICAL				
All machinery and equipment is in good working condition				
Extension cords are not used for permanent wiring				

INSPECTION REPORT				
Inspection	Check	Comments	Recommendations	Corrective Action Taken
HOUSEKEEPING				
Materials are properly stacked and stored according to policy				
Work areas are neat and clean				
Work areas are free of hazardous materials				
Floors, Carpets, and mats are in good condition				
Signs are posted if floors are being cleaned				
Aisles and hallways are clear				
CAFETERIAS / COOKING FACILITIES				
Cooking facilities are clean				
An end-of-day checklist is in place for turning off cooking appliances				
Adequate fire extinguishers are present and in good working condition				
Automatic extinguishing systems are present in good operating condition				
Exhaust ducts are clear				
Seating area is clean and tables/chairs are hazard-free and sturdy				
Adequate garbage containers are present				
Water is removed on a regular basis				
Workers are trained in proper use of cooling and extinguishing equipment				

INSPECTION REPORT				
Inspection	Check	Comments	Recommendations	Corrective Action Taken
SMOKING				
A smoking policy is in place according to current legislation				
Designated smoking areas are identified				
Non-combustible garbage containers are used in smoking areas				
No evidence of smoking in stairwells, bathrooms, or other out of view areas				
FIRST AID				
Employees are trained in first-aid procedures				
First-aid supplies are available and easily accessible at each work site				
A tracking system is in place for monitoring the age of first-aid supplies				
First-aid supplies are adequate and fresh				
Emergency procedures and telephone numbers are posted				
GENERAL				
Incident Report forms are available on-site				