

Send Completed Form To:
LOSS CONTROL DEPARTMENT
Moose International, Inc.
155 S. International Dr.
Mooseheart, IL 60539
Fax To: 630-966-2217

LOYAL ORDER OF MOOSE
LODGE SAFETY INSPECTION FORM

Name and Position: _____ Date: _____
(Please Print)

Lodge Name, Number and Address: _____

Using this Safety Inspection Form, quarterly audits should be conducted at the Lodge, with the direction of the Lodge Administrator (more often if needed) to help identification of areas where attention is needed, so that appropriate and timely, corrective action can be taken. **Please send the completed form to the Loss Control Department** at Moose International twice per year, by April 1st and October 1st. If you have any questions or comments, contact your State Association's Loss Prevention Chairperson or call the Loss Control Department at Moose International at 1-800-544-4407.

Any item that is checked "NO" should have corrective action taken, as soon as possible. Once correction has been done, please indicate date of correction and action taken on line provided.

Yes No

General/Fire

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. First Aid kit is available for use in kitchen and has appropriate supplies.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Emergency numbers (Police/Fire/Medical) are posted near the telephone.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The local Fire Department is familiar with the Lodge and operations.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. An emergency evacuation (site) map is posted in the Social Quarters.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The room maximum capacity sign is posted in the Social Quarters.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The proper type(s) of fire extinguishers, adequate in number and size, as per local code, are properly wall mounted, located appropriately for hazard involved, identified and accessible.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Fire extinguishers are "charged" and visually inspected at least monthly, inspections are noted on the inspection tag (annual inspections are completed by a professional service representative and records retained at the Lodge).
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The kitchen range fire extinguisher system works and is included in the Lodge extinguisher inspections.
Date: _____ List corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Ceiling sprinkler heads (when installed) have a minimum 18" operating clearance from all materials.
Date: _____ List corrective action taken: _____ |

Exits/Stairways

- 10. Exits are identified with an "EXIT" sign, and not blocked or hidden from view.
Date: _____ List corrective action taken: _____

- 11. Doors are kept unlocked during hours of operations or equipped with panic bars.
Date: _____ List corrective action taken: _____

- 12. Doorways that could be confused as an exit are marked as "NOT AN EXIT" and a sign stating where it leads to, i.e. "Storeroom."
Date: _____ List corrective action taken: _____

- 13. The direction of travel in all hallways/passageways to the nearest EXIT is marked with a sign and arrow showing the way to the outside EXIT doors.
Date: _____ List corrective action taken: _____

- 14. The "emergency" lighting system works (has no manual by-pass switch) and will automatically activate in the event of power failure.
Date: _____ List corrective action taken: _____

- 15. Every stairway is well lit and in good repair. Those having four or more steps have a hand rail. Those 88 inches or more in width have an intermediate midway stair railing.
Date: _____ List corrective action taken: _____

- 16. All open-sided floor or platform areas such as a "stage" that are 4 feet or more from the adjacent floor, have railings on all sides.
Date: _____ List corrective action taken: _____

Floor and Walking Surfaces

- 17. Floor coverings such as tile and carpet are in good repair and have no holes.
Date: _____ List corrective action taken: _____

- 18. Carpeting is in good shape, with no torn or loose threads that could cause someone to trip and fall. The carpet on stairways is tight with no loose ends.
Date: _____ List corrective action taken: _____

- 19. Tile areas, i.e. kitchen floor, are kept clean and in good repair; broken, chipped, or missing tile has been replaced or the area leveled to prevent trips/falls.
Date: _____ List corrective action taken: _____

- 20. Rugs and mats, i.e. doorway and kitchen, are clean and secured from movement, so that someone will not trip over them or their turned-up edge.
Date: _____ List corrective action taken: _____

- 21. The dance floor has a "non-slip" treatment or other material to prevent slipping.
Date: _____ List corrective action taken: _____

- 22. Portable signs indicate wet-mopped floors or temporary hazards.
Date: _____ List corrective action taken: _____

Kitchen/Bar Areas

- 23. Proper lifting techniques are used when moving “heavy” items.
Date: _____ List corrective action taken: _____

- 24. Dollies and/or carts are used when moving “heavy” items.
Date: _____ List corrective action taken: _____

- 25. Compressed gas cylinders are secured, to prevent them from falling over or from having the control valve damaged.
Date: _____ List corrective action taken: _____

- 26. The meat slicer blade is set at zero when not in use.
Date: _____ List corrective action taken: _____

- 27. All “cutting” knife blades are protected to prevent accidental cuts.
Date: _____ List corrective action taken: _____

Electrical

- 28. All electrical wall outlets have appropriate covers and have not been modified to feed more lines than originally designed, i.e. two plug-ins equal two plugs.
Date: _____ List corrective action taken: _____

- 29. Only UL listed “surge protected” electrical extension cords are in use.
Date: _____ List corrective action taken: _____

- 30. All electrical equipment is properly grounded.
Date: _____ List corrective action taken: _____

- 31. All electrical wall panel boxes have at least a 30 inch clearance in front of their door. Each circuit breaker or fuse port is marked as to List it controls and every wire leading into or out of the panel box has protection against contacting the metal frame of the panel box.
Date: _____ List corrective action taken: _____

Hazardous Chemicals

- 32. A written inventory of all hazardous chemical substances, i.e. ammonia, bleach, metal cleaners, etc., is kept on hand in the Administrator’s office.
Date: _____ List corrective action taken: _____

- 33. All employees are aware of the hazards related to the chemicals used in the Lodge, and how to protect themselves from chemical harm.
Date: _____ List corrective action taken: _____

- 34. Flammable and combustible liquids (paints, solvents, etc.) are stored in metal safety cabinets or off premises.
Date: _____ List corrective action taken: _____

Rest Rooms

- 35. Customer and employee facilities have clean sinks, mirrors and commodes.
Date: _____ List corrective action taken: _____

- 36. Floors are dry and clean.
Date: _____ List corrective action taken: _____

- 37. Soap and towels or air dryer provided.
Date: _____ List corrective action taken: _____

- 38. Employees are required to wash hands thoroughly before leaving the rest rooms.
Date: _____ List corrective action taken: _____

- 39. Lights operate satisfactorily.
Date: _____ List corrective action taken: _____

Parking Lot/Sidewalk Areas

- 40. Parking areas have adequate lighting; curbs and parking spaces are identified (marked), handicap parking and access is appropriate (signs, ramps, restricted).
Date: _____ List corrective action taken: _____

- 41. The sidewalk and paved parking area is in good repair (no pot-holes, or broken/raised cement). Curbs and parking stops/blocks are clearly marked (painted).
Date: _____ List corrective action taken: _____

- 42. Steps and ramps are well maintained, identified/marked and have adequate lighting and rails. Step-ups and or step-downs are clearly identified.
Date: _____ List corrective action taken: _____

- 43. Non-slip material such as salt or sand is provided for stairs, ramps, outside doorways and parking areas as appropriate, i.e. during periods of bad weather.
Date: _____ List corrective action taken: _____

Insurance – Non Risk Pool Coverages

- 44. Name of Property (Building & Contents) Insurance Company _____
Policy Number: _____ Effective Date: FROM _____ TO _____
- 45. Name of Employee Theft (Fidelity Bond) Insurance Company _____
Policy Number: _____ Effective Date: FROM _____ TO _____
- 46. Name of Workers' Compensation Insurance _____
Policy Number: _____ Effective Date: FROM _____ TO _____

Comments: _____
