

MJ Insurance – Sorority Division Chapter House Self-Inspection

Facility Information

Organization Name:	Chapter Name:	
Property Street Address:	School:	
City:	State:	Zip:
Contact Name:	Date Inspected:	
Contact Phone:	Contact Email:	
House Director/Mother Name:	Phone #:	
Email address:	Number of beds:	
Number of Occupants:	Number of Employees:	
Annual Gross Rental Income:	Estimated Annual Payroll:	
Date of Last Security Review with Campus Security*: _____	Date of most recent Emergency Drill: _____ Revision date of Disaster Preparedness Plan**: _____	

Date of Last Updates

Boiler/HVAC:	Wiring:
Plumbing:	Roof:

#	Exits and Security	Yes	No
1	Are there at least two exits from each floor?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are there lit EXIT signs above each door and/or paths leading to exits?	<input type="checkbox"/>	<input type="checkbox"/>
3	Were exterior doors closed and locked from the outside at the time of the survey?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are basement and first floor doors and windows checked and locked each night?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are emergency plans posted, including evacuation diagrams on the inside of each sleeping room door?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is there evidence of residents walking on the roof, fire exits, or ledges?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are security screens used on windows with accessible from ground level?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is landscaping arranged and maintained to minimize potential hiding places?		
9	Is exterior lighting placed to minimize dark spots?		
10	What security mechanism does facility use to ensure only residents have access?		
	What type of alarm system is present? (please circle)		
Fire & Life Safety		Yes	No
11	Was a full fire evacuation drill conducted at the beginning of the current term?	<input type="checkbox"/>	<input type="checkbox"/>
12	Were stairway doors closed (not blocked open) or do they have close automatically in a fire?	<input type="checkbox"/>	<input type="checkbox"/>
13	Are room doors self-closing and self-latching? (Do they close completely on their own?)	<input type="checkbox"/>	<input type="checkbox"/>
14	Are room doors kept closed at night to prevent the spread of smoke?	<input type="checkbox"/>	<input type="checkbox"/>
15	Are emergency lights provided in each stairway?	<input type="checkbox"/>	<input type="checkbox"/>
16	Are the emergency lights tested each month?	<input type="checkbox"/>	<input type="checkbox"/>
17	Circle systems present: SPRINKLER SYSTEM SMOKE/HEAT DETECTION MANUAL PULL ALARM		
	If SPRINKLERED:		
18	➤ Is the attic sprinklered?	<input type="checkbox"/>	<input type="checkbox"/>
19	➤ What % of the building is protected? _____%	<input type="checkbox"/>	<input type="checkbox"/>

20	➤ Is 18" clearance maintained below the level of the sprinkler heads? (to allow for effective water spray)	<input type="checkbox"/>	<input type="checkbox"/>
22	➤ Is clearance maintained for access to the sprinkler riser? (main pipes that supply the sprinkler heads)	<input type="checkbox"/>	<input type="checkbox"/>
23	➤ What is the date of the most recent test and inspection? (check the service tag on the riser)	<input type="checkbox"/>	<input type="checkbox"/>
24	➤ Is service conducted quarterly or annually? (please circle)	<input type="checkbox"/>	<input type="checkbox"/>
24	➤ Are there freeze sensors installed for the sprinkler pipes?		
25	➤ Is the sprinkler system monitored by a central station alarm company?	<input type="checkbox"/>	<input type="checkbox"/>
26	If building is NOT SPRINKLERED, is heat or smoke detection installed in the attic?	<input type="checkbox"/>	<input type="checkbox"/>
27	➤ Are detectors connected to the central station alarm service?	<input type="checkbox"/>	<input type="checkbox"/>
28	Are HARDWIRED DETECTORS provided in hallways?	<input type="checkbox"/>	<input type="checkbox"/>
29	Are detectors monitored by a central station alarm company?	<input type="checkbox"/>	<input type="checkbox"/>
30	Are hardwired smoke detectors tested and serviced annually?	<input type="checkbox"/>	<input type="checkbox"/>
31	Are SMOKE DETECTORS provided in each sleeping room?	<input type="checkbox"/>	<input type="checkbox"/>
32	Are smoke detectors BATTERY operated or HARDWIRED? (please circle)		
33	➤ If smoke detectors are battery operated, are new batteries installed twice each year?	<input type="checkbox"/>	<input type="checkbox"/>
34	Are MANUAL PULL STATIONS located at the stairways or exits?	<input type="checkbox"/>	<input type="checkbox"/>
35	➤ Are pull stations tied into the fire alarm system notifying the central station?	<input type="checkbox"/>	<input type="checkbox"/>
36	➤ Are pull stations tested at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
37	Is the ATTIC clear of all storage?	<input type="checkbox"/>	<input type="checkbox"/>
38	Electric appliances are NOT found in the attic.	<input type="checkbox"/>	<input type="checkbox"/>
39	➤ If electric appliances (humidifiers) are in the attic, does the House Director inspect the area monthly?	<input type="checkbox"/>	<input type="checkbox"/>
40	Are the FIRE EXTINGUISHERS located on each floor?	<input type="checkbox"/>	<input type="checkbox"/>
41	Are extinguisher service tags current? (serviced within one year)	<input type="checkbox"/>	<input type="checkbox"/>
42	Are monthly, visual inspections documented on the back of the service tag?	<input type="checkbox"/>	<input type="checkbox"/>
43	Are extinguishers identified, visible, and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
44	Are ELECTRICAL extension cords used only on a temporary basis? (maximum of 90 days)		
45	No daisy-chaining of extensions or power strips was noted. (one plugged into another)	<input type="checkbox"/>	<input type="checkbox"/>
46	Are more than two appliances plugged into any single electric outlet?	<input type="checkbox"/>	<input type="checkbox"/>
47	Are cooking appliances, refrigerators and portable heaters restricted from resident rooms?	<input type="checkbox"/>	<input type="checkbox"/>
48	Is this a smoke free facility?	<input type="checkbox"/>	<input type="checkbox"/>
49	Is the use of candles restricted?	<input type="checkbox"/>	<input type="checkbox"/>
50	Is someone designated to check for fire hazards after meetings?	<input type="checkbox"/>	<input type="checkbox"/>
51	Is there a working FIREPLACE? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
52	➤ Does a policy outline protocols and restrict those who may light fires?	<input type="checkbox"/>	<input type="checkbox"/>
53	➤ Is a screen used at all times to contain sparks and contain logs?	<input type="checkbox"/>	<input type="checkbox"/>
54	➤ Is floor material in front of the fireplace non-combustible?	<input type="checkbox"/>	<input type="checkbox"/>
55	➤ Is a fire extinguisher located within the room?	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen and Food Storage Areas		Yes	No
56	Circle equipment present: Deep Fat Fryers Broilers Gas Ranges		
57	Does the exhaust system and hood protect all the cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>
58	Are grease filters, hood and the area free of grease and dirt?	<input type="checkbox"/>	<input type="checkbox"/>
59	Is the exhaust system cleaned & serviced at least annually? (frequency varies based on equipment & use; check tag on hood)	<input type="checkbox"/>	<input type="checkbox"/>
60	Are filters & hood cleaned regularly? (frequency varies based on equipment and use; weekly/monthly)	<input type="checkbox"/>	<input type="checkbox"/>
61	Is cooking equipment cleaned regularly?	<input type="checkbox"/>	<input type="checkbox"/>
62	Are DEEP FAT FRYERS present? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
63	➤ Is there an automatic extinguishing system protecting the surface, hood and ductwork?	<input type="checkbox"/>	<input type="checkbox"/>
64	➤ Is the extinguishing system serviced every 6 months? (check tag on its manual pull station)	<input type="checkbox"/>	<input type="checkbox"/>
65	➤ Are fryers more than 16" from open flames, such as a gas stove top or broiler?	<input type="checkbox"/>	<input type="checkbox"/>
66	Are "K" fire extinguishers accessible within the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
67	Are kitchen and storage areas neat and well arranged?	<input type="checkbox"/>	<input type="checkbox"/>
Group Sleeping Accommodations & Cold Dorms		Yes	No
68	Are accommodations present for more than four persons in a single sleeping room?	<input type="checkbox"/>	<input type="checkbox"/>
69	If you have a cold dorm, do emergency lights in it/them operate?	<input type="checkbox"/>	<input type="checkbox"/>
70	Are doors to the room kept closed at night?	<input type="checkbox"/>	<input type="checkbox"/>

71	Are adequate outlets available?	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Services		Yes	No
73	BOILER/Mechanical rooms clean and free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
74	Is the furnace room door kept closed at all times?	<input type="checkbox"/>	<input type="checkbox"/>
75	Is a clear space of 36" maintained to the front and sides of all electric panels?	<input type="checkbox"/>	<input type="checkbox"/>
76	Is the LAUNDRY room neat? Are dryer lint traps clean now & checked at least weekly?	<input type="checkbox"/>	<input type="checkbox"/>
77	Are extinguishers present/accessible to both the boiler and laundry rooms?	<input type="checkbox"/>	<input type="checkbox"/>
78	Are water pipes insulated in rooms that are prone to freezing temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
79	Are rooms prone to freezing temperatures inspected daily during severe temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
Interior Conditions		Yes	No
80	Is dry wall/paneling in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
81	Is there evidence of water damage to any ceilings?	<input type="checkbox"/>	<input type="checkbox"/>
82	Is there any exposed wiring?	<input type="checkbox"/>	<input type="checkbox"/>
83	Is the water heater in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
84	Is the plumbing in the bathrooms operating effectively and without leaks?	<input type="checkbox"/>	<input type="checkbox"/>
85	Do GFCIs protect electrical outlets near water? (bathrooms, kitchen, laundry)	<input type="checkbox"/>	<input type="checkbox"/>
86	Are there solid core bedroom/suite doors?	<input type="checkbox"/>	<input type="checkbox"/>
	Are there CO detectors in the property?		
Chapter Room		Yes	No
87	Is there a Chapter Room used for meetings of fifty or more persons? If yes,	<input type="checkbox"/>	<input type="checkbox"/>
88	➤ Are there at least two remote exits?	<input type="checkbox"/>	<input type="checkbox"/>
89	➤ Are the exits identified with lit signs?	<input type="checkbox"/>	<input type="checkbox"/>
90	➤ Is emergency lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>
91	➤ Is there a fire extinguisher located near one of the exits?	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Conditions		Yes	No
92	Is the exterior siding/painting in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
93	Is the roof in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
94	Are the soffits in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
95	Are gutters and downspouts in good repair and free from debris? (typically cleaned in spring/fall)	<input type="checkbox"/>	<input type="checkbox"/>
96	Do gutters and downspouts drain water away from the house?	<input type="checkbox"/>	<input type="checkbox"/>
97	Are windows in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
98	Are sidewalks, steps and landings in good condition and free of significant defects?	<input type="checkbox"/>	<input type="checkbox"/>
99	Is the parking lot in good condition, free of potholes and other tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>
100	Are sidewalks, steps, landings and parking areas provided with adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>
101	Are trees and landscaping properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
102	Are trash bins separated from the outside of the building? (advisable in case fire starts in trash)	<input type="checkbox"/>	<input type="checkbox"/>
103	Is there a snow and ice removal plan?	<input type="checkbox"/>	<input type="checkbox"/>
104	If you have a grill, are there policies posted for proper grill use and risk management?	<input type="checkbox"/>	<input type="checkbox"/>
General			
104	Are housing agreements in place from all residents?	<input type="checkbox"/>	<input type="checkbox"/>
105	Do you have a document that non-resident members sign which addresses the house rules?	<input type="checkbox"/>	<input type="checkbox"/>
106	Have you addressed service animals in your housing agreement?	<input type="checkbox"/>	<input type="checkbox"/>
107	Is a walk-through documented at check-in to confirm the condition of the room?	<input type="checkbox"/>	<input type="checkbox"/>
108	When the House Director is away for > 3 days, does someone check for adequate heat and that the house is secure?	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation/Employment		Yes	No
109	Do you employ a female House Director?	<input type="checkbox"/>	<input type="checkbox"/>
110	Do you have any staff that do not receive payroll for their services? (e.g. house boys)	<input type="checkbox"/>	<input type="checkbox"/>
111	Do you provide safety training for your employees?	<input type="checkbox"/>	<input type="checkbox"/>

Actions Needed	By Whom?	By When?

If you have any questions about the self-inspection form, please contact [MJ Sorority](#). Further resources available at our website: www.mjsorority.com.

*We recommend that your chapter review campus security and safety measures at the beginning of every semester.

**We have emergency planning resources, including a crisis plan template in our resource library at www.mjsorority.com.