**Theta Tau**

**Facility Inspection Report**

House Corporations should use this document to report in a written and more detailed manner to communicate effectively as to the condition of the chapter house. The designated House Corporation officer should walk-thru the house periodically with this report in hand. Hardcopy should be retained by the House Corporation for future reference and copy given to the chapter’s House Manager or Regent so that positive results can be recognized and shortcomings corrected.

This report helps maintain the House Corporation’s most valuable asset (the house) and helps reduce the potential harm to the Chapter’s most valuable asset (our Brothers) due to a risk management incident.

HOUSEKEEPING & STORAGE AREAS YES NO

 General interior and exterior housekeeping good \_\_\_ \_\_\_

#  Storage rooms neatly arranged with good access \_\_\_ \_\_\_

 Floors and walls clean throughout \_\_\_ \_\_\_

 Trash Cans emptied daily \_\_\_ \_\_\_

HALLS YES NO

 All halls are free from obstructions ­­­­­\_\_\_ \_\_\_

 All halls are well-lit \_\_\_ \_\_\_

 All stairwells and steps have secure banisters/railings \_\_\_ \_\_\_

BUILDING/GROUNDS MAINTENANCE YES NO

 Snow/ice removed from walk and driveway as necessary \_\_\_ \_\_\_

 Grass cut and shrubs trimmed regularly \_\_\_ \_\_\_

 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 \_\_\_ \_\_\_

ELECTRICAL SYSTEM 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 \_\_\_

PLUMBING SYSTEM YES NO

 Any known leaks \_\_\_

 Has sprinkler system been checked in last six months? \_\_\_

FURNACE & HOT WATER HEATERS YES NO

 Furnace room should be free of all furniture, debris, storage, etc \_\_\_

 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? \_\_\_

SMOKING YES NO

 Allowed in safe locations only \_\_\_

 Is there a "no smoking in bed" rule? \_\_\_

 Ashtrays with large lips used \_\_\_

 Butts collected in metal container \_\_\_

SMOKE DETECTION & FIRE ALARM SYSTEM 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

FIRE EXTINGUISHERS 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

 completely charged every month? \_\_\_

 Are extinguishers inspected and serviced by an outside contractor yearly? \_\_\_ Date of last yearly contractor inspection

KITCHEN & COOKING 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 protecting all cooking equipment? \_\_\_

 Is the extinguishing system serviced twice a year by an outside contractor? \_\_\_

 Date of last service

LAUNDRY ROOM YES NO

 Are lint filters cleaned after each load? \_\_\_

 Are areas behind and beneath dryers free of lint? \_\_\_

FIRE DRILLS YES NO

 Is there a practice fire drill every six months? \_\_\_

 Date of last drill

INSPECTION 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.

 YES NO

 Have all deficiencies from previous reports been corrected? \_\_\_

 Additional Comments or Needs not addressed by this form.

Signature and title of person doing inspection

Name/title of person reporting Date reported

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_