



## FRATERNITY HOUSING SELF-INSPECTION CHECKLIST

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

### HOUSEKEEPING & STORAGE AREAS

**YES      NO**

- |  |       |       |
|--|-------|-------|
| General interior and exterior housekeeping in good condition | _____ | _____ |
| Storage rooms neatly arranged with good access               | _____ | _____ |
| Floors and walls clean throughout                            | _____ | _____ |
| Combustible trash removed from building daily                | _____ | _____ |

### HALLWAYS

- |  |       |       |
|--|-------|-------|
| All hallways are free from obstruction                   | _____ | _____ |
| All hallways are well lighted                            | _____ | _____ |
| All stair steps and wells have secure banisters/railings | _____ | _____ |

### BUILDING MAINTENANCE

- |   |       |       |
|---|-------|-------|
| 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 closed  | _____ | _____ |

### ELECTRICAL SYSTEM

- |  |       |       |
|--|-------|-------|
| All circuits correctly fused                           | _____ | _____ |
| All covers in place with none broken                   | _____ | _____ |
| No multiple plug/applicable policy in force and posted | _____ | _____ |
| Date of last electrical inspection:                    | _____ | _____ |

### PLUMBING SYSTEM

- |   |       |       |
|---|-------|-------|
| Known leaks   | _____ | _____ |
| Sprinkler system installed                          | _____ | _____ |
| Sprinklers inspected within last year by contractor | _____ | _____ |

### FURNACE & HOT WATER HEATERS

- |  |       |       |
|--|-------|-------|
| All located in separate rooms                      | _____ | _____ |
| All doors to rooms close completely                | _____ | _____ |
| All rooms free of combustible materials            | _____ | _____ |
| All covers on equipment in place                   | _____ | _____ |
| Equipment inspected within last year by contractor | _____ | _____ |

**SMOKING****YES NO**

- Allowed only in safe locations \_\_\_\_\_
- “No smoking bed” rule \_\_\_\_\_
- Ash trays with large rims used \_\_\_\_\_
- Butts collected in metal container \_\_\_\_\_

**SMOKE DETECTION & FIRE ALARM SYSTEM**

- Manual fire alarm pull boxes in all hallways \_\_\_\_\_
- Smoke detectors in each room \_\_\_\_\_
- Batteries change every six months (if battery-operated) \_\_\_\_\_
- Batteries checked monthly and documented (if batter-operated) \_\_\_\_\_
- Tested monthly by a responsible person (if hard-wired alarm system) \_\_\_\_\_
- Serviced twice a year by a certified contractor (if hard-wired alarm system) \_\_\_\_\_
- Date of last monthly test: \_\_\_\_\_
- Date of last contractor inspection: \_\_\_\_\_

**FIRE EXTINGUISHERS**

- At least one extinguisher on each floor \_\_\_\_\_
- Extinguishers in the kitchen \_\_\_\_\_
- Extinguisher in the laundry room \_\_\_\_\_
- Extinguisher locations accessible and clearly marked \_\_\_\_\_
- Responsible person checks each month for placement and charge \_\_\_\_\_
- Extinguishers inspected and serviced by an outside contractor each year \_\_\_\_\_
- Date of last annual contractor inspection: \_\_\_\_\_

**KITCHEN & COOKING**

- All cooking equipment located under a hood \_\_\_\_\_
- Entire hood and ductwork system cleaned twice a year \_\_\_\_\_
- Date of last cleaning: \_\_\_\_\_
- Removable hood grease filters run through dishwasher every day \_\_\_\_\_
- Extinguishing system protecting all cooking equipment \_\_\_\_\_
- Extinguishing system serviced twice a year by an outside contractor \_\_\_\_\_
- Date of last servicing: \_\_\_\_\_

**LAUNDRY ROOM**

- Lint filters cleaned after each load and lint disposed of daily \_\_\_\_\_
- Areas behind dryers free of lint and debris \_\_\_\_\_

**FIRE DRILLS**

- Escape routes clearly posted in appropriate locations throughout the house \_\_\_\_\_
- Random and unexpected practice fire drill every six weeks \_\_\_\_\_
- Date of last drill: \_\_\_\_\_

**INSPECTION**

- Campus fire marshal has inspected building within last six months \_\_\_\_\_
- City/county fire department has inspected building within last six month \_\_\_\_\_

**FOLLOW-UP**

Explain any “No” answers above.

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Explain corrective action taken.

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Have all deficiencies from previous reports been corrected? (Circle One) Yes No

\_\_\_\_\_  
Signature of Person Performing Inspection

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Name/Title of Housing Corporation Officer  
to Whom Report Submitted

\_\_\_\_\_  
Date Report Submitted