



# CHURCH SELF-INSPECTION FORM

Questions about safety or risk control?  
 Contact our specialists at [customercare@adventistrisk.org](mailto:customercare@adventistrisk.org)

CHURCH:  DATE:   
 INSPECTOR:  TITLE:

**NOTE:** The following list of inspection topics provides a form for identifying the “basic” items identified in the Church Safety and Self-Inspection Guide. This is by no means a complete list of risk control exposures for a church. A “NO” response in the following topics may indicate a need for additional safety/risk management measures.

## ▷ ADMINISTRATIVE

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Does the church have a Safety Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Child-abuse prevention program is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Six-month rule utilized for new volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Criminal background check performed on employees and volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there a Church Safety committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Written safety rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Employee and Volunteer health and safety training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Proeventive maintenance program for church premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Prompt repairs of leaks and deterioration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Written church emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Staff, SS teachers, elders, deacons and volunteers know roles in emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



▷ CHURCH PROTECTION

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Sprinkler systems (if installed) inspected annually	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Multipurpose fire extinguisher within 75 feet throughout the building	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Fire extinguishers visually checked monthly for tampering	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Smoke/heat detectors - serviced twice a year	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Do you have the Fire alarm systems in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Fire alarm systems tested and serviced annually	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Hard-wired carbon monoxide detectors where fossil fuel systems are used	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Do you have lightning protection in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. Do you have security system in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Fire and security system monitored by central station	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
11. Dusk-to-dawn perimeter lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
12. Trees/shrubs trimmed regularly (crime prevention)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
13. Lawnmowers, equipment fuel, and other flammables stored in separate storage shed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
14. Key/access card inventories maintained	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
15. Keys marked "Do Not Copy"	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
16. Written list with photographic inventory of building contents and valuables	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	



▷ THE CHURCH GROUNDS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Parking lot free of potholes, cracks, debris	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Sidewalks in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Snow and ice removed before services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Downspouts do not flow water across walkways	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. All steps have handrails	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Spaces in railings/balusters less than 4"	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Step railings firmly secured	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Accessible ramps available for handicapped	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. Open sides of steps/platforms protected with railings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Ramps have guide and upper rails	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
11. Parking lots and sidewalks well lit	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
12. Fences/gates in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
13. Driveway chain barriers have reflectors	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	



▷ ENTER WITHOUT RISK (FALL PREVENTION)

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Non-slip rugs and mats with tapered edges inside entrances	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. No torn or wrinkled carpets, loose or damaged tiles or flooring	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. No cords or speaker wires across floors, aisles or doorways	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Wet floor signs used, spills mopped immediately	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Aisles, steps, exit passageways free of boxes, chairs, musical instruments, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Interior steps and elevation changes have handrails	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Handrails have minimum 1.5 inch clearance between rails and walls	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Handrails secure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	



▷ **SAFE IN THE SANCTUARY**

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Aisles clear of cords, podiums, chairs, pianos, candles and other objects	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Exit route maps displayed throughout building	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. All exit doors unlocked during occupancy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Exit doors have panic hardware (not chains and locks, deadbolts, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Exit doors: good condition and function properly	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Exit doors swing in direction of exit travel	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Rooms with 50 or more occupants or over 1000 sq ft have two exit doors	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Exit doors serving 100 or more have panic hardware (50 or more some jurisdictions)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. Room occupancy posted for "Assembly" areas	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Lighted Exit signs throughout	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
11. Emergency lighting installed and operative	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
12. Pews/seating secured and in good repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
13. Doors, passageways and stairs that might be mistaken for exits labeled "NO EXIT"	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
14. Dead-end corridors do not exceed 20 feet	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
15. Lighting adequate throughout building	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
16. Paper and combustible decorations do not exceed 20% of wall they are on area covered in classrooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
17. Vision panels into classrooms and offices	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
18. Glass doors/mirrors have designs or etched markings to prevent accidents	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	



▷ **MOTHERS' ROOM / REST ROOM**

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Electrical outlets within 6 feet of sinks have GFCI protection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Mothers' room electrical outlets plugged with safety caps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Infant change table pads secured and have lips	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Change table has safety straps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Signage instructing parents to use safety straps and not leave child unattended	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Cribs in good condition and meet CPSC guidelines	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Spills wiped up immediately	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. No hazardous chemicals accessible in room	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	



▷ **BAPTISMAL TANKS**

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Microphones and electrical equipment not within reach of baptismal occupants	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Non-slip on steps and bottom of tank floor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Handrails provided along baptismal steps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Overflow drain installed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Filling process monitored to prevent over filling	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Tank drained immediately after use	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Heater turned off/checked after baptism	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	



▷ MECHANICAL ROOMS / JANITOR CLOSETS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Self-closing fire rated doors	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Locked at all times	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Free of combustibles, flammables and general church storage	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Good housekeeping throughout facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Main switches, shut-off valves and plumbing properly labeled	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. General purpose ABC fire extinguisher in a room	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Smoke/heat detection tied to fire alarm system	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Free of poke throughs and other openings in walls and ceilings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. GFCI protection on outlets within 6 feet of sinks	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Three feet of clear space in front of electrical panels	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
11. All electric/mechanical equipment and junction boxes covered	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
12. Pinch/nip points on equipment guarded	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
13. Chemicals properly labeled and stored	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
14. Material Safety Data Sheets (MSDS) available in church office	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
15. Personal protective equipment (PPE) available and worn, as required for task	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	





▷ **KITCHENS / FELLOWSHIP HALLS**

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Exits clear and adequately marked	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Room occupancy posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Exhaust filters, ducts and hood cleaned on a regular basis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Heat detection provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Multi-purpose or Type "K" extinguisher in kitchen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. Hood and duct fire suppression system installed where usage dictates need	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Stoves with fire suppression serviced semi-annually	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Kitchens free of grease accumulations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. Refrigeration coils, motors and compressors clean	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Foods in refrigerators and freezers covered and labelled	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
11. Safety latches on walk in freezers and coolers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
12. Floors clean and free of spills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
13. Mops and "caution" signage available	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
14. Tables and chairs in good condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
15. Tables and chairs in racks and not stacked against walls	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
16. Adequate aisles maintained between tables and chairs for safe egress	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	

