



## Risk Management Survey Report

**To the field Rep: Return this form with you report:**

Organization Name: \_\_\_\_\_ Date of Survey: \_\_\_\_\_

Name of Contact Met With: \_\_\_\_\_

Name of Field Representative: \_\_\_\_\_

Has the organization received Haz-Mat Cards? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, how many are needed (one for each member): \_\_\_\_\_

Has the organization received Incident Command Cards? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, how many are needed (one for each member): \_\_\_\_\_

Have you left a loss control services brochure with the organization? YES \_\_\_\_\_ NO \_\_\_\_\_

Was the contact aware of the services in the brochure? YES \_\_\_\_\_ NO \_\_\_\_\_

Has the organization signed up for E-Learning? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like McNeil & Company to review you current policies or procedures? YES \_\_\_\_\_ NO \_\_\_\_\_

*If YES, please provide copies.*

Name of person to send loss control items to: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Risk Management Pre-Survey Questionnaire**

***Please have any policy and procedure manuals available for the survey***

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Years in Operation: \_\_\_\_\_ Service Area: \_\_\_\_\_ Square Miles

Annual Number of Calls: \_\_\_\_\_ Fire Calls: \_\_\_\_\_ Rescue Calls (MVA, etc.): \_\_\_\_\_

EMS Only Calls: \_\_\_\_\_

Population Served: \_\_\_\_\_

Total Members: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Interior: \_\_\_\_\_ Exterior: \_\_\_\_\_ Firefighter EMS: \_\_\_\_\_ EMS Only: \_\_\_\_\_

EMS Personnel:

EMT: \_\_\_\_\_ AEMT: \_\_\_\_\_ Paramedics: \_\_\_\_\_ Medics: \_\_\_\_\_

Cert. First Responders: \_\_\_\_\_ Nurses: \_\_\_\_\_

Number of Haz-Mat Trained Personnel:

Awareness: \_\_\_\_\_ Operations: \_\_\_\_\_ Command: \_\_\_\_\_ Spec and Tech: \_\_\_\_\_

Total Number of Drivers: \_\_\_\_\_ Drivers Under 21: \_\_\_\_\_ Drivers Age 21-25: \_\_\_\_\_

Jr. Members: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES,  
Are Jr. Members Categorized as ACTIVE Members YES \_\_\_\_\_ NO \_\_\_\_\_

Age Range: \_\_\_\_\_  
Written Policies: YES \_\_\_\_\_ NO \_\_\_\_\_

Do Jr. Members Ride on Vehicles YES \_\_\_\_\_ NO \_\_\_\_\_

Describe Jr. Members Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Auxiliary Members: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES,

How Are They Organized: \_\_\_\_\_

Describe Auxiliary Members Duties:

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Other Members: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES,

How Are They Organized: \_\_\_\_\_

Describe Duties:

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**Please list any additional contacts that you would like the Survey Report Emailed to**

**(Ex: Board Members, Chiefs, Business Offices, etc.):**

Contact/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Verbal Worksheet

**POLICIES:**

Does the organization have a Policy Manual? YES \_\_\_\_\_ NO \_\_\_\_\_

\*NOTE: If the above question is NO then you DO NOT need to fill out the rest of the POLICIES section.

What form is it in (i.e.: electronic, paper, etc.)? \_\_\_\_\_

When was it last updated or reviewed? \_\_\_\_\_

Does the manual look complete and up to date? YES \_\_\_\_\_ NO \_\_\_\_\_

Do all members have a copy or access to the Policy Manual? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the organization have **WRITTEN POLICIES** for the follow:

Outlining the requirements of each member to be in good membership standing with the organization: YES \_\_\_\_\_ NO \_\_\_\_\_

Outlining the responsibilities of each level of membership within the department (i.e.: Firefighter, Lieutenant, Chief, etc.): YES \_\_\_\_\_ NO \_\_\_\_\_

Outlining the required training for each level of membership within the department (i.e.: Firefighter, Lieutenant, Chief, etc.): YES \_\_\_\_\_ NO \_\_\_\_\_

Annual refresher training for each level of membership within the department (i.e.: Firefighter, Lieutenant, Chief, etc.): YES \_\_\_\_\_ NO \_\_\_\_\_

Sexual Harassment Policy: YES \_\_\_\_\_ NO \_\_\_\_\_

Workplace Harassment Policy: YES \_\_\_\_\_ NO \_\_\_\_\_

Workplace Bullying and Violence Policy: YES \_\_\_\_\_ NO \_\_\_\_\_

Drug and Alcohol Use Policy: YES \_\_\_\_\_ NO \_\_\_\_\_

Does it include drug and alcohol testing for members? YES \_\_\_\_\_ NO \_\_\_\_\_

Use of Social Media Policy: YES \_\_\_\_\_ NO \_\_\_\_\_

## ESIP RISK MANAGEMENT SURVEY

Relating to member's taking pictures on emergency scenes:	YES _____ NO _____
If YES, does the policy address the storage and use of any Pictures taken by members?	YES _____ NO _____
Regulating internet access and use, if provided by the organization:	YES _____ NO _____
Highway Safety:	N/A _____ YES _____ NO _____
Reflective vests used on highway scenes:	N/A _____ YES _____ NO _____
Any permission granted to members to carry firearms while on duty, on organization property, or on an emergency scene:	YES _____ NO _____
If NO, are members authorized to carry firearms?	YES _____ NO _____
Driver policy covering both emergency & non-emergency travel:	YES _____ NO _____
Requiring driver's to complete a full 360 check around a vehicle before moving it:	YES _____ NO _____
Requiring all members to be <u>seated</u> and <u>belted</u> before moving the apparatus:	YES _____ NO _____
Requiring drivers to come to a complete stop at all stop signs and intersections with a red light:	YES _____ NO _____
Accident Review Policy:	YES _____ NO _____
Backing Policy:	YES _____ NO _____
Dictating when to use lights and sirens:	YES _____ NO _____
Personal vehicle operations policy:	N/A _____ YES _____ NO _____
Use and training of all support vehicles:	N/A _____ YES _____ NO _____
Use and training of all portable equipment:	YES _____ NO _____

**TRAINING:**

Are all members trained to the appropriate NIMS level? YES \_\_\_\_\_ NO \_\_\_\_\_

Has harassment and violence training been conducted? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, date of last class: \_\_\_\_\_

Has training been conducted on the use of pictures and internet? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the department conduct live burn training? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, is ALL live fire training conducted to NFPA 1403? YES \_\_\_\_\_ NO \_\_\_\_\_

Are all members trained in proper patient handling techniques? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there annual refresher training on tool and equipment safety? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there Driver Training & Refresher programs in place? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please give a brief description:

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Are members trained to respond safely with POVs  
and within the scope of the law? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

**ADDITIONAL RISK MANAGEMENT INFORMATION:**

Does the organization use the Incident Command System? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, is the ICS used on every call? YES \_\_\_\_\_ NO \_\_\_\_\_

When is ICS used if not on all call? \_\_\_\_\_

Does the organization have a Hazardous Materials Response Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the organization provide Haz-Mat Response Team? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe function and training:

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If NO, what agency is responsible? \_\_\_\_\_

## ESIP RISK MANAGEMENT SURVEY

Are decontamination procedures conducted under the direction of organization?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe:

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

If NO, what agency is responsible? \_\_\_\_\_

Does the organization provide Haz-Mat Disposal?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are there required annual performance reviews for all employees?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are detailed training records kept on all employees?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are employees/members required to have annual physicals?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do they have the option of using their own physician over the department physician?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the organization conduct fire code or building code inspections?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how are inspectors certified? \_\_\_\_\_

Are certificates of insurance obtained for all contract work including, but not limited to, snow removal, vehicle maintenance, and janitorial services?

YES \_\_\_\_\_ NO \_\_\_\_\_

General Liability (minimum 1 million \$)

YES \_\_\_\_\_ NO \_\_\_\_\_

Workers Compensation

YES \_\_\_\_\_ NO \_\_\_\_\_

Has a Workplace Violence Assessment been performed?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the organization have any support vehicles?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please mark the following:

▪ Boats:

YES \_\_\_\_\_ NO \_\_\_\_\_

Written Policies on use and training?

YES \_\_\_\_\_ NO \_\_\_\_\_

Explain operations training:

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

▪ All-Terrain Vehicles:

YES \_\_\_\_\_ NO \_\_\_\_\_

Written Policies on use and Training?

YES \_\_\_\_\_ NO \_\_\_\_\_

Explain operations training:

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

## ESIP RISK MANAGEMENT SURVEY

- Snowmobiles: YES \_\_\_\_\_ NO \_\_\_\_\_  
Written Policies on use and training? YES \_\_\_\_\_ NO \_\_\_\_\_  
Explain operations training:  
\_\_\_\_\_  
\_\_\_\_\_

- Others: YES \_\_\_\_\_ NO \_\_\_\_\_  
Written Policies on use and training? YES \_\_\_\_\_ NO \_\_\_\_\_  
Explained operations training:  
\_\_\_\_\_  
\_\_\_\_\_

Does the Department fill compressed air tanks? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what system is used to fill them? Compressor \_\_\_\_\_ Cascade \_\_\_\_\_ Both \_\_\_\_\_  
If YES, do they fill compressed air tanks for others? YES \_\_\_\_\_ NO \_\_\_\_\_  
Do they fill SCBA tanks for divers? YES \_\_\_\_\_ NO \_\_\_\_\_  
Emergency Service Divers? YES \_\_\_\_\_ NO \_\_\_\_\_  
The General Public? YES \_\_\_\_\_ NO \_\_\_\_\_

Is air quality tested quarterly? YES \_\_\_\_\_ NO \_\_\_\_\_  
What is the date of the last air quality test? \_\_\_\_\_

If the organization does not fill their own SCBA bottles, who fills them?  
\_\_\_\_\_  
\_\_\_\_\_

Is portable equipment started and tested on a weekly basis? YES \_\_\_\_\_ NO \_\_\_\_\_  
Frequency if not weekly: \_\_\_\_\_

Are there designated places to store pagers, cell phone, etc. during calls? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, where is the designated storage area? \_\_\_\_\_

Are batteries checked in portable gas meters, thermal imaging cameras, flashlights and hand tools? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please explain the procedure and replacement frequency:  
\_\_\_\_\_  
\_\_\_\_\_



Are vehicles inventoried for portable equipment after each call? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, are they inventoried after each major call? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe the process:

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Does the organization sponsor any special fundraising events such as fireworks, barbeques, racing events, pancake breakfasts, sales of goods, raffles, casino nights etc.? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list and describe:

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Are the organizations buildings open to the public? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, for what purpose (voting, fire prevention, bingo, scouts, etc.)?

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Is the meeting hall ever rented or loaned for private use? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, who are the facilities available to? Public \_\_\_\_\_ Members Only \_\_\_\_\_ Both \_\_\_\_\_

Is an employee or member present at all times when the building is rented? YES \_\_\_\_\_ NO \_\_\_\_\_

Rental/loan includes use of the following (check all that apply):

Cooking Facilities: \_\_\_\_\_ Slicer: \_\_\_\_\_ Tables & Chairs: \_\_\_\_\_

Other: \_\_\_\_\_

Does the organization have written rental or loan agreements between the department and the renter placing the responsibility for the activity and the guests upon the renter, not the emergency service organization? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If YES, provide a copy with this report.*

Is the building ADA accessible?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the rest of the building locked so renters are unable to gain access?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the public, or members, allowed to bring or consume alcohol on site?

YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If YES, please completely full out Alcohol Supplement.*

**ALCOHOL SUPPLEMENT:**

Is alcohol ever permitted on department property, sold at department events or consumed at department functions?

YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If YES, please complete the rest of this supplement entirely.*

If employees consume alcohol at department functions or on department property please describe who purchases it, how it is distributed, and how the use is monitored:

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Is there a written policy restricting call response after consuming alcohol?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the public consume or purchase alcohol while on department property (hall rental or otherwise) or at department sponsored events (field days, parades, clambakes, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe who purchases it, how it is distributed, safeguards against intoxication, underage drinking, driving while under the influence, etc.:

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Also describe all TRAINING requirements for servers, bartenders etc. (i.e.: TIPS):

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Are there permanent sales, vending machines, or open alcohol distribution at the organization?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain:

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Any Additional Information:

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**DRIVERS:**

Do you review Driver Motor Vehicle Reports (MVR)? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, do you review annually? YES \_\_\_\_\_ NO \_\_\_\_\_

Frequency if not annually: \_\_\_\_\_

What selection criterion is used to select new drivers?

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

Are all drivers required to complete an EVOC? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Last EVOC: \_\_\_\_\_ Conducted By: \_\_\_\_\_

Does the organization have annual driver re-authorization? YES \_\_\_\_\_ NO \_\_\_\_\_

Are drivers required to hold any endorsements of CDL certifications per state requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe:

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

**VEHICLE MAINTANANCE:**

Is there a vehicle preventive maintenance program? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, describe the program:

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

Performed By: \_\_\_\_\_

Are maintenance records kept? YES \_\_\_\_\_ NO \_\_\_\_\_

Are Repairs completed by a qualified/certified mechanic? YES \_\_\_\_\_ NO \_\_\_\_\_

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Certificate of Insurance on file? YES \_\_\_\_\_ NO \_\_\_\_\_

Are annual DOT inspections completed on all vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_

How often are vehicles inspected in-house:

After Each Use: \_\_\_\_\_ Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Other: \_\_\_\_\_

Are pumps tested annually? YES \_\_\_\_\_ NO \_\_\_\_\_

Are hoses tested annually? YES \_\_\_\_\_ NO \_\_\_\_\_

Are ground ladders tested annually? YES \_\_\_\_\_ NO \_\_\_\_\_

Are Aerial Devices tested annually? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Are all apparatus equipped with backup warning devices? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, which have back up warning devices:

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Do the vehicles have Backup Cameras? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, which vehicles?

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Do the vehicles have Event Recorders? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how is material reviewed?

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**MEDICAL MALPRACTICE SUPPLEMENT:**

Does the organization respond to any EMS calls? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If YES, please continue to fill out this supplement completely*

What level of pre-hospital patient care is the organization registered to provide?

Advanced Life Support \_\_\_\_\_ Basic Life Support \_\_\_\_\_

First Responder \_\_\_\_\_ Advanced First Aid \_\_\_\_\_ CPR Only \_\_\_\_\_

Does the organization have ambulance certified for patient transport? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, under what jurisdiction? \_\_\_\_\_

Are all personnel providing patient care certified? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

Are your nurses certified to perform patient care in the  
the field according to your state and local guidelines? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, do they provide their own medical malpractice coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the EMS program overseen by a licensed physician? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, list the name of the physician or group: \_\_\_\_\_

Does the EMS program have a quality assurance program to  
review protocols, written reports, and all other factors  
relating to patient care? YES \_\_\_\_\_ NO \_\_\_\_\_

Are patient care reports (PCR's) completed for all EMS incidents? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, where are the documents stored? \_\_\_\_\_

For how long? \_\_\_\_\_

Is all medical related equipment inspected and maintained per manufacturers  
specifications? (ex: defibrillators, suction units, resuscitators, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

How many defibrillators does the organization have? \_\_\_\_\_

Are all members certified to use an AED? YES \_\_\_\_\_ NO \_\_\_\_\_

How are oxygen tanks refilled? \_\_\_\_\_

Does the organization have power stretchers? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, is there a battery maintenance program? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the organization carry stair chairs? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, are member's trained in proper lifting techniques? YES \_\_\_\_\_ NO \_\_\_\_\_

**CRIME SUPPLEMENT:**

*Fill out one summary for every different treasury (ex. District, Department, Bowling Team)*

Name of the Treasury: \_\_\_\_\_

Is this a 501C-3 account? YES \_\_\_\_\_ NO \_\_\_\_\_

Source of Funding: \_\_\_\_\_

Largest amount of money at any one time under the financial officer's control: \_\_\_\_\_

Name all persons authorized to handle funds for this treasury:

NAME	TITLE	ELECTED/APPOINTED
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____

Do any receive compensation? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, which persons (list numbers): \_\_\_\_\_

Has the treasurer attended any financial management training? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of last training? \_\_\_\_\_

Type of training: \_\_\_\_\_

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year, to prevent theft? YES \_\_\_\_\_ NO \_\_\_\_\_

Are invoice's or requisitions, approvals, check registers and bank statements cross-checked against each other? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, by whom? \_\_\_\_\_

Are all bank statements received as a hard copy in the mail? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, who opens them? \_\_\_\_\_

## ESIP RISK MANAGEMENT SURVEY

Is someone, other than the treasurer, designated to review all bank statements and compare written check number with the statements? YES \_\_\_\_\_ NO \_\_\_\_\_

Largest amount of petty cash kept on hand? \_\_\_\_\_

How is it stored? \_\_\_\_\_

Is money ever stored in the building overnight? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, amount? \_\_\_\_\_

How is it stored? \_\_\_\_\_

All receipts are deposited in a bank with: 2 Days \_\_\_\_\_ 1 Week \_\_\_\_\_ Over 1 Week \_\_\_\_\_

Are all incoming checks immediately stamped "For Deposit Only?" YES \_\_\_\_\_ NO \_\_\_\_\_

Do all checks require 2 signatures? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, do checks over a certain amount require 2 signatures? YES \_\_\_\_\_ NO \_\_\_\_\_

How often is there a report of receipts and disbursements? \_\_\_\_\_

To whom? \_\_\_\_\_

How often are the accounts examined (audited) internally? \_\_\_\_\_

By whom? \_\_\_\_\_

Are there written policies explaining this process? YES \_\_\_\_\_ NO \_\_\_\_\_

When they were last examined? \_\_\_\_\_

How often are the accounts examined (audited) externally? \_\_\_\_\_

By whom? \_\_\_\_\_

When were these accounts last examined? \_\_\_\_\_

Where are the records stored? \_\_\_\_\_

Are the records backed up? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how are records backed up? \_\_\_\_\_

Is electronic banking performed? YES \_\_\_\_\_ NO \_\_\_\_\_

Is same computer used for anything else on the internet? YES \_\_\_\_\_ NO \_\_\_\_\_

Are wire transfers allowed? YES \_\_\_\_\_ NO \_\_\_\_\_



Are purchase orders used? YES \_\_\_\_\_ NO \_\_\_\_\_

Is YES, who issues purchase orders and for what?

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Are items purchased online? YES \_\_\_\_\_ NO \_\_\_\_\_

Who is authorized to make these purchases? \_\_\_\_\_

What items can be purchases online? \_\_\_\_\_

How are these purchases paid for? \_\_\_\_\_

Is there an organization credit card? YES \_\_\_\_\_ NO \_\_\_\_\_

Who is authorized to use the card? \_\_\_\_\_

Are policies and procedures in place regarding the use of the card? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the organization hold fund raising activities? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If Yes, please complete the following regarding fund raising events:*

Approximate maximum receipts per day: \_\_\_\_\_

Are bank deposits made after each day of the event? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the depositor accompanied by an armed police officer? YES \_\_\_\_\_ NO \_\_\_\_\_

Is money ever stored at a member's house? YES \_\_\_\_\_ NO \_\_\_\_\_

Do two people count the deposit and cross check  
amount with deposit slip? YES \_\_\_\_\_ NO \_\_\_\_\_

## Station Walk Through / Observation Worksheet

**CONSTRUCTION:**

Location ID: \_\_\_\_\_

Year Build: \_\_\_\_\_ Building Area: \_\_\_\_\_ Square Feet \_\_\_\_\_

Property Area:                      Acers

Number of Stories:                      Number of Bays:

Primary Use (ex: Fire Station, Storage, Maintenance):

Construction Type:    Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Non-Combustible \_\_\_\_\_  
Masonry Non-Combustible \_\_\_\_\_ Modified Fire Resistant \_\_\_\_\_  
Fire Resistant                      Combination

Exterior Walls Material: Floors:

Roof Type: \_\_\_\_\_ Roof Covering: \_\_\_\_\_ Condition: \_\_\_\_\_

Any additions to the original structure? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, in what year built? \_\_\_\_\_

Any unusual construction features? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please Describe (include photo): \_\_\_\_\_

Do they have a base station antenna? Yes \_\_\_\_\_ NO \_\_\_\_\_

If YES, include picture, Height:                      ft.                      Location:

	YES	NO
Is it fenced so no one can climb?		

	YES	NO
Is there a fire horn or siren?		

If YES, Location:

Is electrical panel accessible?	YES	NO

## ESIP RISK MANAGEMENT SURVEY

### Electrical Service:

Amps: \_\_\_\_\_ Volts: \_\_\_\_\_

Age: \_\_\_\_\_ Fuses: \_\_\_\_\_ Circuit Breakers: \_\_\_\_\_

Date of last electrical inspection: \_\_\_\_\_

Who conducted inspection? \_\_\_\_\_

Do all receptacles have covers? YES \_\_\_\_\_ NO \_\_\_\_\_

Proper use of electrical cords? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a backup generator? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there any flood potential for the property? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what if any mitigation techniques have been put in place:

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

Is there a fire pole? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, are there are written policies pertaining to the use of it? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*Please attach pictures and any policies the organization may have regarding the fire pole*

Are there any underground tanks? YES \_\_\_\_\_ NO \_\_\_\_\_

Are vehicles prevented from driving over underground tanks? YES \_\_\_\_\_ NO \_\_\_\_\_

Products Stored	Capacity	Age	Last Test Date

How are inventories tracked? \_\_\_\_\_

Are there above ground fuel tanks? YES \_\_\_\_\_ NO \_\_\_\_\_

*If YES, please include pictures.*

Products Stored	Capacity	Dike or Double Walled	Vehicle Protection (YorN)

## ESIP RISK MANAGEMENT SURVEY

Are all above ground tanks labeled properly? YES \_\_\_\_\_ NO \_\_\_\_\_

Are all above ground tanks equipped with fire extinguishers? YES \_\_\_\_\_ NO \_\_\_\_\_

Are all above ground tanks clear of brush and debris? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there no smoking signs posted around above ground tanks? YES \_\_\_\_\_ NO \_\_\_\_\_

Are vehicles fueled on premises? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES,

Are there automatic shut off nozzles? YES \_\_\_\_\_ NO \_\_\_\_\_

Vehicles attended during fueling? YES \_\_\_\_\_ NO \_\_\_\_\_

Are vehicles shut down during fueling? YES \_\_\_\_\_ NO \_\_\_\_\_

Is smoking prohibited in the fueling area? YES \_\_\_\_\_ NO \_\_\_\_\_

Is any vehicle maintenance or repair done on site? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how are fluids stored and disposed of?

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### HVAC:

Fuel Type (check all that apply):

Natural Gas: \_\_\_\_\_

Oil: \_\_\_\_\_

Electric: \_\_\_\_\_

LPG: \_\_\_\_\_

Other: \_\_\_\_\_

Heating Source (check all that apply):

Central Boiler: \_\_\_\_\_ What is the date of the last boiler inspection? \_\_\_\_\_

Units: \_\_\_\_\_

Roof Mounted: \_\_\_\_\_

Radiant Heat: \_\_\_\_\_

Forced Air Furnace: \_\_\_\_\_

Other: \_\_\_\_\_

Air Conditioning: \_\_\_\_\_ % of Building, (check all that apply):

Central: \_\_\_\_\_

Window Units: \_\_\_\_\_

Roof Units: \_\_\_\_\_

Is there a HVAC maintenance inspection contract? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of last HVAC inspection: \_\_\_\_\_

Who conducted the inspection? \_\_\_\_\_

**FIRE/ALARM PROTECTION:**

Automatic Sprinklers: YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what % of building? \_\_\_\_\_ %  
What Type? \_\_\_\_\_  
Sprinkler Water flow alarms? YES \_\_\_\_\_ NO \_\_\_\_\_  
Sprinkler Valve Tamper alarms? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, Alarm Transmission: \_\_\_\_\_ Local \_\_\_\_\_ Monitored  
If monitored, by whom: \_\_\_\_\_

Is there an Inspection/Maintenance Contract? YES \_\_\_\_\_ NO \_\_\_\_\_  
Who is the contractor? \_\_\_\_\_  
Date of last inspection: \_\_\_\_\_

Are smoke detectors installed and functioning? YES \_\_\_\_\_ NO \_\_\_\_\_  
Is YES, Alarm Transmission: \_\_\_\_\_ Local \_\_\_\_\_ Monitored  
If monitored, by whom: \_\_\_\_\_

Are carbon monoxide detectors installed? YES \_\_\_\_\_ NO \_\_\_\_\_  
(sleeping areas, meeting rooms, living quarters)  
If YES, Alarm Transmission: \_\_\_\_\_ Local \_\_\_\_\_ Monitored  
If monitored, by whom: \_\_\_\_\_

Are heat detectors installed? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a security system installed (burglar alarm)? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are there security cameras at this location? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, Alarm Transmission: \_\_\_\_\_ Local \_\_\_\_\_ Monitored  
If monitored, by whom: \_\_\_\_\_

Are there Fire Extinguishers (not on apparatus)? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are they properly mounted? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date of last inspection: \_\_\_\_\_

## ESIP RISK MANAGEMENT SURVEY

### COOKING FACILITIES: (please include a picture of each individual kitchen or cooking area)

Is there a kitchen or cooking area? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what types of cooking appliances are present?

Commercial Stove \_\_\_\_\_ Residential Stove \_\_\_\_\_ Microwave Oven \_\_\_\_\_ Oven \_\_\_\_\_

Grill \_\_\_\_\_ Deep Fat Fryer \_\_\_\_\_ Other \_\_\_\_\_

Is Hood and Duct Present? YES \_\_\_\_\_ NO \_\_\_\_\_

Are Grease Filters Clean? YES \_\_\_\_\_ NO \_\_\_\_\_

If grill and deep fryer present, is there a fixed fire extinguishing system installed? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a fuel cutoff if gas or propane YES \_\_\_\_\_ NO \_\_\_\_\_

Date of last inspection: \_\_\_\_\_

### Property EXPOSURES:

	DISTANCE	TYPE OF EXPOSURE	USE OR CONSTRUCTION
FRONT			
REAR			
LEFT			
RIGHT			

### Property EXTERIOR:

CONDITION OF:	GOOD	FAIR	POOR	N/A
PARKING AREA				
EXIT STAIRS				
DRIVEWAYS				
GLASS				
SIGNS				
LIGHTING				
HANDICAP ACCESS				

Describe any conditions about that result in a 'fair' or 'poor' rating:

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## ESIP RISK MANAGEMENT SURVEY

Describe any unusual features (i.e. unexpected, exposures, status, etc.):

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CONDITION OF:	GOOD	FAIR	POOR	N/A
FLOOR COVERINGS				
DOORWAYS				
STAIRS				
MEANS OF EGRESS				
LIGHTING				
EMERGENCY LIGHTING				
EXIT SIGNS				
ELEVATORS (# )				

Describe any conditions about the resulted in a 'fair' or 'poor' rating:

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Describe any unusual features (i.e. mezzanines, balcony's etc.):

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List any slip, trip, or fall hazards noted:

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Are there any flammable items stored in utility rooms?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is there oxygen storage?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is it secured properly?

YES \_\_\_\_\_ NO \_\_\_\_\_

Location (include pictures): \_\_\_\_\_

**OTHER HAZARDS:**

Flammable Liquids: Type: \_\_\_\_\_ Proper Storage: YES \_\_\_\_\_ NO \_\_\_\_\_  
Flammable Liquids: Type: \_\_\_\_\_ Proper Storage: YES \_\_\_\_\_ NO \_\_\_\_\_  
Flammable Liquids: Type: \_\_\_\_\_ Proper Storage: YES \_\_\_\_\_ NO \_\_\_\_\_

LPG Cylinders: YES \_\_\_\_\_ NO \_\_\_\_\_  
Proper Storage: YES \_\_\_\_\_ NO \_\_\_\_\_  
Size: \_\_\_\_\_ Number: \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**VEHICLES AND EQUIPMENT:**

Please list and indicate the condition of any of the following support vehicles: N/A \_\_\_\_\_

Boats:

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

All –Terrain Vehicles:

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

Snowmobiles:

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

Others:

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

Please check all vehicles and VIN numbers with the Vehicle Schedule and note any discrepancies:

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

Does the department have gas powered portable equipment? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the equipment clean and full of fuel and oil? YES \_\_\_\_\_ NO \_\_\_\_\_

Are all shields in place? YES \_\_\_\_\_ NO \_\_\_\_\_



## ESIP RISK MANAGEMENT SURVEY

Is equipment maintained per manufactures specs? YES \_\_\_\_\_ NO \_\_\_\_\_

Are portable gas cans the proper style, labeled and stored? YES \_\_\_\_\_ NO \_\_\_\_\_

Are vehicle compartments clean and organized? YES \_\_\_\_\_ NO \_\_\_\_\_

Is portable equipment properly mounted? YES \_\_\_\_\_ NO \_\_\_\_\_

Is all equipment secured on the outside of the vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

(hose, tools, ladders, etc.)

If NO, please explain and include pictures:

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Is all equipment in the cab secured (flashlights, radios, clipboards, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

Are supplies and surplus equipment properly stored and secure? YES \_\_\_\_\_ NO \_\_\_\_\_

Are vehicle mounted fire extinguishers tested? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of last test: \_\_\_\_\_

Are all vehicles repair area's neat and clean? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

List any safety concerns in this area:

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Is the building well maintained? YES \_\_\_\_\_ NO \_\_\_\_\_

Are all contents kept neat and clean? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain:

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Are there any other structures that are not already listed on the location schedule present? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe and include a picture:

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This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the paper.