



CHURCH SELF-INSPECTION FORM

Questions about safety or risk control?
Contact our specialists at 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 Health & Safety Officer?	YES	NO	N/A	
2. Is there a Church Health & Safety committee?	YES	NO	N/A	
3. Are there health & safety rules adequately displayed?	YES	NO	N/A	
4. Does the church have health & safety training program for the volunteers?	YES	NO	N/A	
5. Is there a safeguarding policy in place (children and vulnerable people)?	YES	NO	N/A	
6. Are DBS checks performed on all volunteers (deacon/esses, sabbath school leaders, etc) who are in contact with children or vulnerable people ?	YES	NO	N/A	
7. Do the Staff, SS teachers, elders, deacons and volunteers know their roles in case of an emergency?	YES	NO	N/A	
8. Is there a preventive maintenance program for church premises?	YES	NO	N/A	
9. Are there lighted Exit signs throughout?	YES	NO	N/A	
10. Are there exit route maps displayed throughout the building?	YES	NO	N/A	



▷ CHURCH PROTECTION

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Do you have fire alarm systems in place?	YES	NO	N/A	
2. Are the fire alarm systems tested and serviced annually?	YES	NO	N/A	
3. Are there carbon monoxide detectors where fossil fuel systems are used?	YES	NO	N/A	
4. Are smoke/heat detectors serviced twice a year?	YES	NO	N/A	
5. Are the Sprinkler systems (if installed) inspected annually?	YES	NO	N/A	
6. Is there a multipurpose fire extinguisher available?	YES	NO	N/A	
7. Are fire extinguishers visually checked monthly for tampering?	YES	NO	N/A	
8. Do you have a lightning rod in place?	YES	NO	N/A	
9. Do you have security / burglar systems in place?	YES	NO	N/A	
10. Is the alarm system linked to a police or fire brigade call centre?	YES	NO	N/A	
11. Do you have external lighting on when appropriate (dawn to dusk or motion activated)?	YES	NO	N/A	
12. Are keys (or access cards) records maintained?	YES	NO	N/A	
13. Do you have a written list with photographic inventory of building contents and their values?	YES	NO	N/A	
14. Are leaks and deterioration repaired promptly?	YES	NO	N/A	



▷ THE CHURCH GROUNDS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Are parking lots free from debris and potholes?	YES	NO	N/A	
2. Are parking lots and sidewalks well lit?	YES	NO	N/A	
3. Are pathways / external walkways in good condition?	YES	NO	N/A	
4. Is Snow or ice removed from pathways before services?	YES	NO	N/A	
5. Are all steps on external staircases in good condition?	YES	NO	N/A	
6. Are open sides of steps protected with railings?	YES	NO	N/A	
7. Are there accessible ramps available for people with reduced mobility?	YES	NO	N/A	
8. Are fences and gates in good condition?	YES	NO	N/A	
9. Are the trees and shrubs trimmed regularly (crime prevention)?	YES	NO	N/A	



▷ ENTRANCES AND HALLWAYS (FALL PREVENTION)

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Do you have non-slip rugs or mats with tapered edges in your entry ways?	YES	NO	N/A	
2. Have you repaired any torn or wrinkled carpets, loose or damaged tiles or flooring?	YES	NO	N/A	
3. Are aisles or doorways free from cords or speaker wires across the floor?	YES	NO	N/A	
4. Are all aisles, steps and exit passageways free of boxes, chairs, musical instruments, or any other obstructing objects?	YES	NO	N/A	
5. Do you mop spills immediately?	YES	NO	N/A	
6. Do you use wet floor signs when appropriate?	YES	NO	N/A	
7. Are there handrails on every indoor stairs?	YES	NO	N/A	
8. Are all handrails secure and in good repair?	YES	NO	N/A	



▷ THE SANCTUARY

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Are Exit doors in good condition and functioning properly?	YES	NO	N/A	
2. Do Exit doors swing in direction of exit flow?	YES	NO	N/A	
3. Are all exit doors unlocked during occupancy?	YES	NO	N/A	
4. Do rooms with 50 or more occupants or over 1000 sq ft have two exit doors?	YES	NO	N/A	
5. Do Exit doors serving 100 or more have panic hardware (50 or more some jurisdictions)?	YES	NO	N/A	
6. Are pews/seating secured and in good repair?	YES	NO	N/A	
7. Are aisles clear of cords, podiums, chairs, pianos, candles and other objects?	YES	NO	N/A	
8. Are doors, passageways and stairs that might be mistaken for exits labeled "NO EXIT."	YES	NO	N/A	
9. Do you have vision panels into rooms and offices?	YES	NO	N/A	
10. Do glass doors have designs or etched markings to prevent accidents	YES	NO	N/A	



▷ **MOTHERS' ROOM / REST ROOM**

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Is all electrical equipment away from water sources?	YES	NO	N/A	
2. Are electrical outlets plugged with safety caps?	YES	NO	N/A	
3. Are the infant changing table pads secured and do they have lips?	YES	NO	N/A	
4. Does the changing table have safety straps?	YES	NO	N/A	
5. Does the changing table have signage instructing parents to use safety straps and not leave their child unattended?	YES	NO	N/A	
6. Are all cribs in good condition?	YES	NO	N/A	
7. Are all spills wiped up immediately?	YES	NO	N/A	
8. Have you ensured no hazardous chemicals are accessible in the room?	YES	NO	N/A	



▷ **BAPTISMAL TANKS**

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Have you ensured microphones and electrical equipment are not within reach of baptismal occupants?	YES	NO	N/A	
2. Do you have non-slip on steps and bottom of tank floor?	YES	NO	N/A	
3. Are handrails provided along baptismal steps?	YES	NO	N/A	
4. Is an overflow drain installed?	YES	NO	N/A	
5. Is the filling process monitored to prevent over filling?	YES	NO	N/A	
6. Is the baptism tank monitored/secured when it has been filled?	YES	NO	N/A	
7. Is the tank drained immediately after use or safely secured until it can be drained?	YES	NO	N/A	
8. Is the heater turned off/checked after baptism?	YES	NO	N/A	



▷ MECHANICAL ROOMS / JANITOR CLOSETS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Are the closets and mechanical rooms locked at all times?	YES	NO	N/A	
2. Is there good housekeeping throughout the facility?	YES	NO	N/A	
3. Are the rooms free of combustibles, flammables and general church storage?	YES	NO	N/A	
4. Are main switches, shut-off valves and plumbing properly labeled?	YES	NO	N/A	
5. Is there a multi purpose ABC fire extinguisher in the room?	YES	NO	N/A	
6. Is the smoke/heat detection connected to the fire alarm system?	YES	NO	N/A	
7. Is the room free of poke throughs and other openings in walls and ceilings?	YES	NO	N/A	
8. Are the electrical panels free of obstruction?	YES	NO	N/A	
9. Are all electric/mechanical equipment and junction boxes covered?	YES	NO	N/A	
10. Are chemicals properly labeled and stored?	YES	NO	N/A	
11. Is personal protective equipment (PPE) available and worn, as required for task?	YES	NO	N/A	



▷ KITCHENS / FELLOWSHIP HALLS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Are exits clear and adequately marked?	YES	NO	N/A	
2. Is the kitchen kept clean and waste properly disposed of?	YES	NO	N/A	
3. Are exhaust filters, ducts and hood cleaned on a regular basis?	YES	NO	N/A	
4. Are children supervised and kept out of the kitchen area?	YES	NO	N/A	
5. Do you have multi-purpose or Type“K extinguisher/fire blanket in the kitchen?	YES	NO	N/A	
6. Are kitchens free of grease accumulations?	YES	NO	N/A	
7. Are refrigeration coils, motors and compressors clean?	YES	NO	N/A	
8. Are foods in refrigerators and freezers covered and labelled?	YES	NO	N/A	
9. Are all floors clean and free of spills?	YES	NO	N/A	
10. Do you have mops and “caution” signage available?	YES	NO	N/A	
11. Are tables and chairs in good condition?	YES	NO	N/A	
12. Are tables and chairs secured/stacked safely when not in use?	YES	NO	N/A	
13. Are aisles maintained between tables and chairs for safe egress?	YES	NO	N/A	



▷ **ADDITIONAL FINDINGS**

DESCRIPTION	RECOMMENDATION
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▷ SELF-INSPECTION COMPLETED BY:
(All participants to sign)

DATE (MM/DD/YYYY):

DATE (MM/DD/YYYY):

DATE (MM/DD/YYYY):

▷ REVIEWED BY:

DATE (MM/DD/YYYY):

TITLE: