

# LIONS CLUB of \_\_\_\_\_

## Self Inspection Checklist.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No
Does your club have a Safety Officer appointed?	___	___
If so, does he/she have full control of all Safety Projects on the premises?	___	___
<i>Parking.</i>		
• Are entrances and exits clearly marked?	___	___
• Is lighting adequate?	___	___
• Is parking area free of holes, cracks, puddles, ice, debris, etc?	___	___
• Is security provided in parking area to deter robbery, theft, and vandalism?	___	___
• Are you displaying signage that states that "Vehicles are parked at Owner's Risk?"	___	___
• Do the Parking Attendants wear reflective clothing?	___	___
<i>Crowd Control.</i>		
• Are adequate signs posted for directing traffic flow into and out of parking / seating areas?	___	___
• Are Police and Security Personnel used to direct traffic into and out of parking / seating areas?	___	___
• Are there sufficient security personnel to control crowd?	___	___
<i>Buildings, Tents, Arenas.</i>		
• Are the premises neat and clean?	___	___
• Are there an adequate number of exits?	___	___
• Are Exit lights working?	___	___
• Is the number of occupants controlled?	___	___
• Do structures have adequate fire protection, such as automatic sprinklers or extinguishers?	___	___
• Is smoking prohibited and are signs clearly posted?	___	___
• Is emergency lighting provided?	___	___
• Is a public address system available to relay emergency messages?	___	___
• Are all aisles, stairs, etc unobstructed?	___	___

- |   | <i>Yes</i> | <i>No</i> |
|---|------------|-----------|
| • Are all stairways, elevated platforms, etc, adequately marked and guarded?        | ___        | ___       |
| • Are all tent stakes and guy ropes marked or blocked off to prevent tripping, etc? | ___        | ___       |
| • Are all chairs, benches, seats, tables, etc. structurally sound?                  | ___        | ___       |
| • Are all lights, especially in Toilets and over pathways operating?                | ___        | ___       |

*Food Service.*

- |  |     |     |
|--|-----|-----|
| • Are all local Food handling requirements observed?                             | ___ | ___ |
| • Is all food fresh and / or well refrigerated?                                  | ___ | ___ |
| • Are all knives and sharp objects stored safely?                                | ___ | ___ |
| • Are decorations kept at a safe distance from open flames or cooking equipment? | ___ | ___ |
| • Are there an adequate number of properly placed letter bins?                   | ___ | ___ |
| • Are there adequate supplies of clean water for hand washing?                   | ___ | ___ |
| • Are separate cutting boards used for chicken and meat?                         | ___ | ___ |
| • Is it a requirement that persons manning BBQs etc have frequent rest periods?  | ___ | ___ |

*Outdoor Events.*

- |   |     |     |
|---|-----|-----|
| • Is there adequate distance between the action area and the viewing area to afford protection to spectators?             | ___ | ___ |
| • Are barriers provided to protect spectators and the public if necessary and are these barriers secured?                 | ___ | ___ |
| • Is the action area secure to prevent entry of unauthorised personnel?   | ___ | ___ |
| • Are participants in games, contests or other events of proper age and in adequate condition to participate safely?      | ___ | ___ |
| • Are participants exposed to dangerous conditions?   | ___ | ___ |
| • Are all Participants in any Event advised that they are not Insured under the Lions Personal Accident Insurance Policy? | ___ | ___ |

*Outside Operators, Contractors, Concessionaires.*

- |   |     |     |
|---|-----|-----|
| • Are outside parties qualified and adequately insured?<br>(Your Club and the International Association of Lions Clubs should be included as additional named insureds) | ___ | ___ |
| • If conducting a Market, are Stall Holders required to Maintain sites to prevent obstruction to any thoroughfare?  | ___ | ___ |

*Medical Aids.*

- |   |     |     |
|---|-----|-----|
| • Are there adequately trained First Aid / Medical personnel in attendance? | ___ | ___ |
|---|-----|-----|

- |   |            |           |
|---|------------|-----------|
|   | <i>Yes</i> | <i>No</i> |
| • Are there Medical / First Aid facilities available at all projects<br>and are they stored in a clean, sterile location? | _____      | _____     |

*Any Other comments:* \_\_\_\_\_  
\_\_\_\_\_

This form should be completed for all projects and stored with the Project Records.