

Sample Procedure for Hazard Inspections

Disclaimer: The specific needs, practices, form of government and other operational procedures of your governmental entity may impact whether this example is appropriate for your use. PennPRIME recommends that you review the final product before using it, and adapt it as necessary.

[insert entity name] realizes that by focusing on identifying and correcting hazards, injuries and property damage can be prevented, thereby reducing claims and ultimately reducing our cost of risk. All facilities owned, operated, leased, rented, and where employees perform work are to be formally inspected, documented and appropriate corrective actions tracked through to completion.

[insert title of responsible person] is responsible for reviewing the property listing annually to assess which facilities need to be inspected with what frequency per the PennPRIME Loss Control Standards Guidelines.

As of **[insert date]**, the following facilities are required to be inspected ANNUALLY:

- Municipal building
- Community building
- Parking Garage
- Park pavilion, concession stand, activity building

As of **[insert date]**, the following facilities are required to be inspected MONTHLY:

- Public Works Garage
- Water Treatment Facility
- Wastewater Treatment Plant
- Swimming Pools (when staffed; Memorial Day through Labor Day)
- Electrical Power Generation Facility
- Ice Rink

[insert Member-identified high risk facilities, if applicable]

Hazard Inspections will use the standard checklist provided. In addition to completing the checklist, a general assessment will be made and additional findings listed on the reverse side of the checklist.

ANNUAL Hazard Inspections are to be completed by **[insert title of responsible person]** during the month of March.

MONTHLY Hazard Inspections are to be completed by the Director/Supervisor of the Department and one other employee. This other employee is to be different each month to encourage a safety culture throughout the organization.

Completed checklists are to be given to **[insert title of responsible person]** by the next business day. **[insert title of responsible person]** will document all findings, who is responsible and the target date for completion. A copy of this report will be sent to the Manager and all Department Heads on a monthly basis. The Manager is responsible for reviewing this list at the staff meeting and ensuring expedient completion of corrective actions.