

RISK CONTROL SURVEY

Association Name:	
Location:	
Survey Completed By:	
Date of Visit:	

Lighting:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Is lighting adequate? Check lighting patterns.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Are all lights in working order and covered?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	A. Street
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	B. Parking Area
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	C. Buildings
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	D. Foyers / Hallways / Stairwells
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	E. Basement / Storage Areas
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are time clocks and photo sensors working properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Check for exposed wires.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Has there been corrective action taken?
Comments:		

Roadways/Parking Areas:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Any potholes?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2. Any loose curbing?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3. Other trip / fall hazards?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Are parking rules followed / enforced?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Is there emergency vehicle access?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6. Examine parking lot design for blind spots / hazards?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7. Are lane markings / lines clear?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	8. Is designated handicapped parking properly marked?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	9. Are speed bumps in place to minimize vehicle speed?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	10. Sufficient drainage for surface / runoff water?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Are splash blocks in good repair?
Comments:		

Sidewalks:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Are there any raised areas?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2. Are there any cracks?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3. Any other trip / fall hazards?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Is quick action taken when complaint is received to prevent further damage or legal action?
Comments:		

General Maintenance:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Are the grounds clear of obstacles?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2. Any damage to buildings?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Is fencing in good condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Does proper drainage/grading exist?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Are gutters / leaders in good repair?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Are all hazardous materials properly stored?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Is property inspected for possible sinkhole condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Are all trees trimmed and kept clear of low hanging branches?
		9. Date of last annual boiler inspection and/or cleaning? _ / _ / _
Comments:		

Dumpster Area:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Clear of debris?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Is fencing properly secured?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Is dumpster kept in an enclosed area?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Is area lighting adequate?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Is signage in place?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6. Are dumpsters kept closed and lids maintained for cleanliness and safety?
Comments:		

Entranceways:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Are handrails secured?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Are steps in good condition?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Are entranceways clear of obstacles?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Is salt / sand kept at entranceways?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Are carpets in good condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Is lighting in area adequate?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Are smoke detectors working?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Do stairs have abrasive / traction?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	9. Are steps in good condition?
Comments:		

Corrective Action Needed

Risk Control Survey Page 2

Balconies / Patios / Decks:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Are railings secured?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Are balconies, etc. clear of obstacles?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are grills permitted?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Are footers, posts and beams stable?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Are there any cracks in patio areas?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Is decking free of cracks or splinters?

Comments:

Fireplaces:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Are annual inspections performed?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Is safety material mailed regarding fireplace use to all owners?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Is the use of fire extinguishers in units recommended to owners?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Are wood / fuel storage rules communicated / enforced?

Comments:

Roof:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1. Are there any visible dark areas, blisters or bubbles?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2. Does water visibly sit / pool?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are there soft areas in the caulking?
/	/	4. Date of Last Annual Inspection
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Are gutters inspected regularly?

Comments:

Clubhouse:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Free of trip / fall hazards?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Fire extinguishers?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Proper exit signage posted?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	4. Exits impeded?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Rules and regulations posted?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6. Rental agreements in place and utilized?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	7. Liquor served in clubhouse?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Are all outlets covered?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Are mechanical rooms secured and free of debris?

Comments:

Lakes / Ponds / Streams

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Does standing water appear to have a build up of residue?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Are crossing structures sound and well-maintained?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Is proper signage posted?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Is inlet / outlet properly maintained?

Comments:

Playgrounds:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Equipment in good condition?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Sharp / pointy edges or pinch points?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Ground surface adequately maintained?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Are rules and regulations posted and enforced?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Is area kept secure?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6. Is area free of debris?

Comments:

Pools / Swimming Area:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Water quality tested?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Rules posted and enforced?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Depth markings (inside and out)?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Lifeguard present when pool open?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Fence locked when pool closed?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6. In compliance with NJ Bathing Code?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7. Are No Diving signs posted?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Is decking free of slip and fall hazards?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Is pool furniture in good repair?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Are bathroom floors slip-proof?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Is all safety equipment in place?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Are emergency numbers posted and emergencies planned?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Is a phone working?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14. Are pool maintenance logs being kept?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. No hazardous materials (i.e. glass bottles)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	No Alcohol sign posted?

Comments:

Corrective Action Needed

Risk Control Survey Page 3		
Services / Contracts:		
Minimum of \$1,000,000 in General Liability for ALL Major Subcontractors.		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. Snow Removal
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Landscaping
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Pool Service
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Garbage
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5. Roof Repair
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6. Painting
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7. Electrical
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	8. Does landscaper have coverage for the application of herbicides and pesticides?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	9. Does the pool contractor have a CPO license?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	10. Do contractors provide detailed scope of work?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11. Do contracts contain indemnification clause?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12. Are emergency numbers available?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	13. Are contractors properly licensed?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14. E & O on professional contracts?
Note: No less than \$1,000,000 General Liability for ANY Other Contracts.		
Comments:		
Commercial Auto:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	1. MVRs on all drivers annually?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Vehicle maintenance program?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Written documentation of program?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Are periodic inspections of vehicles made?
Comments:		
Overall:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Are education opportunities provided for unit owners?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Is a newsletter on the latest safety ideas sent to owners?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are fire protection systems functional in common areas?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Overall housekeeping adequate?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Are skateboarding / rollerblading prohibited?
Comments:		

Pictures Taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:		
Corrective Action Taken:		
Original to NFP's File :		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy to Insurance Company :		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Next Scheduled Survey Walk-Through:		
/ /		

Corrective Action Needed