

**LOYAL ORDER OF MOOSE  
LODGE SAFETY INSPECTION FORM**

Name and Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Lodge Name and Number: \_\_\_\_\_

Using this Safety Inspection Form, quarterly audits should be conducted at the Lodge, with the direction of the Lodge Administrator (more often if needed): to help identification of areas where attention is needed, so that appropriate and timely, corrective action can be taken. Please send the completed form to the Loss Prevention Department at Moose International twice per year, by April 1<sup>st</sup> and October 1<sup>st</sup>. If you have any questions or comments, call your State Association's "CAP" Chairperson or the Loss Prevention Manager at Moose International at 1-800-544-4407.

Any item that is checked "NO" should have corrective action taken, as soon as possible.  
Once correction has been done, please indicate date of correction and action taken on line provided.

Yes      No

**General/Fire**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. First Aid kit is available for use in kitchen and has appropriate supplies.<br>Date: _____ What corrective action taken: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Emergency numbers (Police/Fire/Medical) are posted near the telephone.<br>Date: _____ What corrective action taken: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The local Fire Department is familiar with the Lodge and operations.<br>Date: _____ What corrective action taken: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. An emergency evacuation (site) map is posted in the Social Quarters.<br>Date: _____ What corrective action taken: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The room maximum capacity sign is posted in the Social Quarters.<br>Date: _____ What corrective action taken: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The proper type(s) of fire extinguishers, adequate in number and size, as per local code, are properly wall mounted, located appropriately for hazard involved, identified and accessible.<br>Date: _____ What corrective action taken: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Fire extinguishers are "charged" and visually inspected at least monthly, inspections are noted on the inspection tag (annual inspections are completed by a professional service representative and records retained at the Lodge).<br>Date: _____ What corrective action taken: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The kitchen range fire extinguisher system works and is included in the Lodge extinguisher inspections.<br>Date: _____ What corrective action taken: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Ceiling sprinkler heads (when installed) have a minimum 18" operating clearance from all materials.<br>Date: _____ What corrective action taken: _____  |

***Exits/Stairways***

- 10. Exits are identified with an "EXIT" sign, and not blocked or hidden from view.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 11. Doors are kept unlocked during hours of operations or equipped with panic bars.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 12. Doorways that could be confused as an exit are marked as "NOT AN EXIT" and a sign stating where it leads to, i.e. "Storeroom."  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 13. The direction of travel in all hallways/passageways to the nearest EXIT is marked with a sign and arrow showing the way to the outside EXIT doors.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 14. The "emergency" lighting system works (has no manual by-pass switch) and will automatically activate in the event of power failure.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 15. Every stairway is well lit and in good repair. Those having four or more steps have a hand rail. Those 88 inches or more in width have an intermediate midway stair railing.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 16. All open-sided floor or platform areas such as a "stage", that are 4 feet or more from the adjacent floor, have railings on all sides.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

***Floor and Walking Surfaces***

- 17. Floor coverings such as tile and carpet are in good repair and have no holes.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 18. Carpeting is in good shape, with no torn or lose threads that could cause someone to trip and fall. The carpet on stairways is tight with no lose ends.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 19. Tile areas, i.e. kitchen floor, are kept clean and in good repair; broken, chipped, or missing tile has been replaced or the area leveled to prevent trips/falls.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 20. Rugs and mats, i.e. doorway and kitchen, are clean and secured from movement, so that someone will not trip over them or their turned-up edge.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 21. The dance floor has a "non-slip" treatment or other material to prevent slipping.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 22. Portable signs indicate wet-mopped floors or temporary hazards.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

***Kitchen/Bar Areas***

- 23. Proper lifting techniques are used when moving "heavy" items.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 24. Dollies and/or carts are used when moving "heavy" items.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

- 25. Compressed gas cylinders are secured, to prevent them from falling over or from having the control valve damaged.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 26. The meat slicer blade is set at zero when not in use.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 27. All "cutting" knife blades are protected to prevent accidental cuts.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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***Electrical***

- 28. All electrical wall outlets have appropriate covers and have not been modified to feed more lines than originally designed, i.e. two plug-ins equal two plugs.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 29. Only UL listed "surge protected" electrical extension cords are in use.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 30. All electrical equipment is properly grounded.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 31. All electrical wall panel boxes have at least a 30 inch clearance in front of their door. Each circuit breaker or fuse port is marked as to what it controls and every wire leading into or out of the panel box has protection against contacting the metal frame of the panel box.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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***Hazardous Chemicals***

- 32. A written inventory of all hazardous chemical substances, i.e. ammonia, bleach, metal cleaners, etc., is kept on hand in the Administrator's office.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 33. All employees are aware of the hazards related to the chemicals used in the Lodge, and how to protect themselves from chemical harm.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 34. Flammable and combustible liquids (paints, solvents, etc.) are stored in metal safety cabinets or off premises.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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***Rest Rooms***

- 35. Customer and employee facilities have clean sinks, mirrors and commodes.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 36. Floors are dry and clean.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 37. Soap and towels or air dryer provided.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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- 38. Employees are required to wash hands thoroughly before leaving the rest rooms.  
Date: \_\_\_\_\_ What corrective action taken: \_\_\_\_\_

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