

DIOCESE OF SCRANTON
PROPERTY & RISK MANAGEMENT ASSESSMENT

Facility Name: _____

Address: _____

Assessment Completed By: _____

Date of Assessment: _____

Condition Rating System:

G – Good F – Fair P – Poor N - None NA – Not Applicable

• BUILDING EXTERIOR

- 1. Parking Lot/Driveway Pavement: _____
- 2. Parking Lot Lighting: _____
- 3. Sidewalks: _____
- 4. Stairs: _____
- 5. Hand Rails: _____
- 6. Handicap Accessible: Y _____ N _____
- 7. Ramps: _____
- 8. Fences: _____
- 9. Outdoor Play Areas free of hazards and code compliant: Y ___ N ___ N/A ___
Condition: _____
- 10. Walls: _____
- 11. Doors: _____ Panic Hardware: Y _____ N _____ Condition: _____
- 12. Windows: _____
- 13. Roof: _____ Gutters/Downspouts: _____
- 14. Parish Cemetery: Y ___ N ___ N/A ___
 - a. Independent Contractors used: Y _____ N _____
 - b. All OSHA mandated requirements used and enforced: Y ___ N ___

Corrective Action Needed:

• BUILDING INTERIOR

- 1. Ceilings: _____
- 2. Floors overall: _____ Carpeting: _____ Tile: _____ Other: _____
- 3. Walls: _____
- 4. Painting: _____
- 5. Lighting: _____
- 6. Electrical System: _____
- 7. Plumbing: _____
- 8. HVAC systems: _____ Serviced Regularly: Y ___ N ___

Corrective Action Needed:

DIOCESE OF SCRANTON
PROPERTY & RISK MANAGEMENT ASSESSMENT

Facility Name: _____

• LIFE SAFETY ISSUES

1. Exits Clearly Marked: Y___ N___
2. Exits Free of Clutter: Y___ N___
3. Door Hardware working Properly: Y___ N___
4. Stairways/aisle ways free of clutter: Y___ N___
5. Interior hand rails: Y___ N___ Condition: _____
6. Emergency Lighting: Y___ N___ Tested Regularly: Y___ N___
7. Fire alarm system: Y___ N___ Tested Regularly: Y___ N___
8. Sprinkler system: Y___ N___ Tested Regularly: Y___ N___
9. Fire Extinguishers: Y___ N___ Tested Regularly: Y___ N___
10. Security system: Y___ N___ Tested Regularly: Y___ N___
11. A.E.D. on premises: Y___ N___
 - a. How many on premises: _____ Tested Regularly: Y___ N___
 - b. Last Date Tested: _____
 - c. Staff Trained: Y___ N___
12. Commercial Kitchen Equipment: Y___ N___ N/A ___
 - a. Protected by fire suppression system: Y___ N___
 - b. Tested Regularly: Y___ N___
 - c. Cleaned Regularly: Y___ N___
13. Diocesan Accident & Illness Prevention Program:
 - a. Program in place and enforced: Y___ N___
 - b. Program Information/Binder on premises: Y___ N___
 - c. Safety Committee in place: Y___ N___
14. All Chemicals labeled and stored properly: Y___ N___
 - a. MSDS Sheets available: Y___ N___
15. First Aid Kits & contact numbers available: Y___ N___
16. Personal Protective Equipment in use: Y___ N___
17. All Safety Procedures in use for electrical, machinery, etc.: Y___ N___
18. All reporting procedures in use for accidents/incidents: Y___ N___
19. Schools: Asbestos Program information/binder on premises: Y___ N___
20. Diocesan Cemeteries:
 - a. All OSHA mandated requirements used and enforced: Y___ N___

Corrective Action Needed: