

Monthly Fraternity Self Inspection

This report was designed by the National Interfraternity Conference (NIC) to help recognize and reduce potential loss within the residence. These reports should be completed monthly by a competent individual, preferably a housing corporation officer or chapter adviser.

Housekeeping & Storage Areas	Yes	No
General interior and exterior housekeeping good.....	_____	_____
Storage rooms neatly arranged with good access.....	_____	_____
Floors and walls clean throughout.....	_____	_____
Combustible trash removed from building daily.....	_____	_____

Halls	Yes	No
All halls are free from obstructions	_____	_____
All halls are well lighted	_____	_____
All stair steps and wells have secure banisters/railings	_____	_____

Building Maintenance	Yes	No
Roof covering in good condition with no leaks	_____	_____
All interior and exterior walls in good condition	_____	_____
All interior and exterior doors and windows in good condition.....	_____	_____
All fire doors between floors marked as such and kept locked.....	_____	_____

Electrical System	Yes	No
All circuits correctly fused	_____	_____
All covers in place with none broken	_____	_____
No multiple plug/appliances policy in force and posted	_____	_____
Date of last electrician inspection.....	_____	_____

Furnaces & Hot Water	Yes	No
All located in separate rooms.....	_____	_____
All doors to rooms closed completely	_____	_____
All rooms free of combustible materials.....	_____	_____
All covers to equipment in place.....	_____	_____
Equipment inspected within last year by contracted	_____	_____

Smoking	Yes	No
Allowed in safe locations only	_____	_____
Is there a no smoking in bed rule.....	_____	_____
Ashtrays with large lips used.....	_____	_____
Butts collected in metal container.....	_____	_____

Smoke Detection, Sprinkler and Fire Alarm System	Yes	No
Are there manual fire alarm pull boxes in all halls.....	_____	_____
Is there a smoke detector in each room.....	_____	_____
If smoke detectors are battery operated, are batteries changed every six months.....	_____	_____
Date of last battery change.....	_____	_____
If a hard-wired system is used, is it tested monthly by a responsible person and serviced bi-annually by an outside contractor.....	_____	_____
Date of last monthly test	_____	_____
Date of last contractor inspection	_____	_____
Are fire sprinklers installed.....	_____	_____
Are all individual fire sprinklers free from obstruction	_____	_____
Is the main control valve open	_____	_____
Is there pressure reading of the system gauges	_____	_____
Date of last fire sprinkler inspection.....	_____	_____

Fire Extinguishers	Yes	No
Is there at least one extinguisher on each floor.....	_____	_____
Are there extinguishers in the kitchen.....	_____	_____
Is there an extinguisher in the laundry room	_____	_____
Are extinguishers locations accessible and clearly marked	_____	_____

Does a responsible person make sure all extinguishers are in place and fully charged every month.....

Are the extinguishers inspected and serviced by an outside contractor yearly.....

Date of last contractor inspection.....

Monthly Fraternity Self Inspection, Continued

Kitchen and Cooking	Yes	No
Is all cooking equipment located under a hood	<input type="checkbox"/>	<input type="checkbox"/>
Is the entire hood and ductwork system cleaned twice a year	<input type="checkbox"/>	<input type="checkbox"/>
Date of last cleaning.....	<input type="text"/>	<input type="text"/>
Are removable hood grease filters run through the dishwasher daily	<input type="checkbox"/>	<input type="checkbox"/>
Is there an extinguishing system protecting all cooking equipment	<input type="checkbox"/>	<input type="checkbox"/>
Does an outside contractor service the extinguisher system at least twice a year	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing System	Yes	No
Plumbing in good condition with no leaks	<input type="checkbox"/>	<input type="checkbox"/>
Has sprinkler system been checked in the last few months	<input type="checkbox"/>	<input type="checkbox"/>

Laundry Room	Yes	No
Are lint filters cleaned after each load.....	<input type="checkbox"/>	<input type="checkbox"/>
Are areas behind dryers free of lint	<input type="checkbox"/>	<input type="checkbox"/>

Fire Drills	Yes	No
Is there a practice fire drill every six months	<input type="checkbox"/>	<input type="checkbox"/>
Date of last drill	<input type="text"/>	<input type="text"/>

Inspection	Yes	No
Has campus fire marshal inspected building within the last six months	<input type="checkbox"/>	<input type="checkbox"/>
Has city/town fire department inspected building within last six months	<input type="checkbox"/>	<input type="checkbox"/>

Compliance	Yes	No
Explain "no" answers from above		

Explain corrective action taken

	Yes	No
Have all deficiencies from previous reports been corrected.....	<input type="checkbox"/>	<input type="checkbox"/>

Date of inspection _____

Signature and title of person performing inspection _____

After signing, please print your name and title) _____

Copies sent to: Noble Ruler
 VNR-Management & Operations
 Alumni President
 Chapter Adviser(s)
 Alumni Property Manager