



FARMERS®

*The*  
**Farmers**<sup>®</sup>

*Apartment and Condominium  
Loss Prevention Program*



**FARMERS**<sup>®</sup>

---

## Your Loss Prevention Program

Many factors today can come between you, your investment and a safe living environment. An effective loss prevention program will help you, as an Apartment or Condominium owner/manager, recognize and deal with these factors and help reduce the potential for future costly losses.

Located in the back of this booklet are sample forms to help you to develop or enhance your own safety program. Utilize these forms to conduct loss control activities, document the physical condition of the premises and highlight areas needing attention so you can arrange for adjustments or repairs. You may reproduce these sample forms and checklist for your own use.

- **Loss Control Review of Property Management Policies** -- use this list of questions to evaluate your existing procedures and policies to help prevent avoidable accidents or hazards.
- **Monthly Premises Inspection Checklist** -- use this checklist on a monthly basis to identify items needing improvement. A report of unsafe conditions should be filled out for each "Needs Improvement" answer and the problem corrected as soon as possible.
- **Report of Unsafe Conditions** -- use this report during inspections, as explained above. This form should also be made available to employees and residents who can use it to report unsafe conditions to management.

To assure that your program is successful, it is critical that you demonstrate your expectations, commitment, involvement and follow-up to your residents and/or employees.

Farmers Loss Control Consultants are ready to assist with your safety program. Contact your Farmers Agent for details.

---

*In providing these forms Farmers Insurance Group does not represent, warrant, guarantee or otherwise certify that use of this booklet and forms will prevent losses or assure compliance with the laws, regulations, requirements or guidelines of any local, state or federal, legislative or regulatory agency.*

---

## Management of Loss Control

You must believe in and support the loss prevention concept. By developing and endorsing your own safety policy, you show support for a program which requires active involvement of all residents and employees.

An ongoing safety program controls expenses and enhances your ability to attract new residents. It has to be imbedded into your day-to-day operations. To be effective, it must be more than a program on the shelf; an occasional property survey is not enough.

When management continuously demonstrates genuine interest in safety, residents are prone to do the same.

### **HAVE YOU:**

1. Issued a written safety policy?
2. Allocated realistic time and money for safety items?
3. Acted promptly on safety recommendations, suggestions and complaints?

## Communication

The success of your loss prevention program depends on each person being aware of the safety expectations.

Consistent two-way communication is the key.

### **COMMUNICATION INVOLVES:**

- Input from everyone involved in developing your program.
- Feedback to determine the program's effectiveness.

If communication is encouraged and rewarded, more residents and employees will participate.

### **HAVE YOU:**

1. Shared your safety goals with your residents and employees?
2. Communicated the actions necessary to accomplish these goals? This applies to everyone including the residents.
3. Trained in safe practices and follow-up? The success of your program depends on your continuous awareness of the value of loss reduction and how it relates to each tenant or employee.

---

## Inspections

Self-inspections increase your opportunities to correct unsafe activities or conditions on the property before a loss. Utilize the “Monthly Premises Inspection Checklist” to identify unsafe physical conditions inside the buildings or on the grounds.

Frequently, the inspection process has focused entirely on the physical environment, yet the majority of costly injuries and lost time results from resident or employee actions.

---

## Accident Investigation

Resident injury and property damage result from unsafe behaviors and conditions and need to be investigated. Seldom are accidents a result of something outside your control.

### INVESTIGATION PROCESS

- Obtain information from the injured employee(s) or person involved.
- Survey the conditions at the time of the accident.
- Determine the condition of the equipment, activities or property involved.
- Obtain information from witnesses when available.
- Analyze the information and determine root causes. (i.e., worn carpet, faulty handrails, damaged surface in parking lot.)
- Implement corrective measures.
- Report incident to appropriate source(s).
- It is extremely important not to place blame because it discourages cooperation.

### HAVE YOU:

1. Communicated the accident investigation process is to uncover root causes?
2. Followed through on the recommendations resulting from the investigation to prevent reoccurrence?
3. Have you notified residents of safety rule changes or procedures?

Commitment is essential to an effective loss prevention program. If you need assistance, just ask.

---

## Employee Selection

### **PHYSICAL REQUIREMENTS OF THE JOB**

It is becoming increasingly important to develop a written description of the physical requirements of each job. Each employee should be selected according to the particular job requirement and the employee's ability to perform the job.

### **SAFETY RULES**

Written rules will help new employees understand what is expected and how following procedures will help protect them from possible injury.

### **HAVE YOU:**

1. Accurately defined the job requirements in your job descriptions?
  2. Familiarized everyone with the job requirements?
- 

## Job Training

New employees need to know your loss control goals and practices right along with employee benefits and premises operations. From day one show you are committed to safety and the important part each employee has in keeping the premises safe.

Review safety rules. Training is incomplete unless it includes resident and employee safety measures. Address ways to avoid damage to playgrounds, laundry room, community rooms, pool and residents vehicles.

### **SUCCESSFUL JOB TRAINING INCLUDES:**

- Identifying and communicating property hazards.
- Monitoring the employee's performance and compliance with established safety practices.
- Reinforcing positive behavior.

A Farmers Loss Control Consultant can suggest methods to determine property and liability exposures. Controlling possible losses through these activities will have a positive effect on your operation, your image in the community and to the general public.

# Loss Control Review of Property Management Policies

## Activities to consider or perform

	<i>Yes</i>	<i>No</i>
1. Is someone assigned to perform formal, documented property inspections? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the inspections completed on a monthly basis? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3. Does management complete a Report of Unsafe Conditions for each item needing improvement? See attached sample Report of Unsafe Conditions. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4. Do residents have access to Report of Unsafe Conditions forms for reporting hazards and dangerous conditions to management? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5. Is someone responsible for following up on items needing improvement? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6. Are serious reported hazards given priority for correction? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there procedures in place to investigate accidents/incidents occurring on the premises? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all employees trained to recognize potential/existing hazards? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9. Do residents and employees know how to respond in case of fire, earthquake or other emergency? (911, fire, police, office) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
10. Has crime activity in the area been evaluated to determine the need for additional security measures? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
11. Have employees of contracted security services had background checks completed on them, been properly trained and are they certified? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there routine patrols to determine the adequacy of premises security with documentation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13. Are vacant units easily identified? If "yes," are adequate safeguards in place to protect the property from vandalism? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
14. Is cash handling kept to minimum? Are daily deposits made? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
15. Are tenant selection procedures established and followed? I.D. shown before apartment is shown? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
16. Are the advertised amenities clearly stated and non-deceptive? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
17. Are formal eviction procedures established and followed by management? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
18. Are all spas and pools protected with a five-foot fence equipment with a self-latching gate? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all stairs protected by appropriate hand railing? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
20. Are railings on decks and/or balconies adequate to prevent small children from squeezing through the openings? (4 inches maximum) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
21. Have children's activities (unsupervised) on the premises been evaluated to identify and reduce hazards? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
22. Are certificates of insurance, with limits of at least \$500,000 on bodily injury and property damage, required for all contractors prior to their commencing work on the premises? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the playground equipment in need of any repairs? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
24. Is the laundry room kept neat and clean? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
25. Lint filters cleaned? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
26. Are there boxes, newspaper or other trash in areas not designated for this purpose? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
27. Appropriate pest control services; tenants notified before spraying? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
28. All units provided with emergency instructions annually? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## Comments

Describe specific conditions to be corrected or note if condition was corrected immediately.

---



---



---

This checklist is intended only as a reminder and is offered solely to assist management in its responsibility to provide a safer environment. This checklist is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe or hazardous conditions should also be noted and corrective action should be taken.

# Monthly Premises Inspection Checklist

A Report of Unsafe Conditions form should be completed for each "Need Improvement" answer and the problem should be corrected within two weeks.

(OK = Adequate, N/I = Needs Improvement, N/A = Not Applicable)

	OK	N/I	N/A
<b>1. Driveways, Parking Lots, Carports and Garages:</b>			
Controls in place to protect walls and supports? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel stops in proper position, secured and painted a contrasting color? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed bumps located where necessary and painted a contrasting color? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease and oil spots controlled? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No evidence of waste oil dumping? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting covers all public areas? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cars properly parked in marked spaces? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned and inoperative cars promptly removed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveway surfaces free of pot holes and uneven surfaces? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation pruned back to reduce blind spots? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas meters protected to prevent damage by vehicles. i.e. concrete posts? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height limits posted over garage and carport openings? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow removed as needed in winter weather? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Privacy Gates:</b>			
Safety devices in place and adjusted? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency access available for fire and police? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual operating procedures available for gates if power fails? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveway gates have stop signs posted on both sides? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic gates have sign posted "CAUTION: AUTOMATIC GATE"? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Garbage Area:</b>			
Area clean: no broken glass or slippery liquids? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dumpster lids kept closed and wheels locked? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No abandoned appliances or furniture? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signs of hazardous materials being dumped? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cleared away from tops and sides of dumpsters? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dumpsters kept away from building walls? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. FIRE PREVENTION:</b>			
Fire extinguishers of appropriate size and type available? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers serviced once a year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm bells identified and painted a contrasting color? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local fire alarm serviced? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detectors in place and functioning tested monthly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No flammable liquids allowed in storage areas? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No combustible weeds or debris on property? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace and BBQ ashes properly disposed of in separate metal containers? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Automatic sprinkler system regularly inspected and tested by qualified personnel?</b>			
Fireplaces and chimneys inspected/cleaned annually? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cleared within 10 feet of chimneys? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spark arrestor caps in place? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplaces equipped with screens inspected annually? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	OK	N/I	N/A
<b>6. Walkways and Lawns:</b>			
Free of trip and fall hazards - no uneven surfaces? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No standing water on walkways surfaces? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground cover and bushes kept off walkway surfaces? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn sprinklers do not protrude above ground in any pedestrian area? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting illuminates all anticipated walking surfaces? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step up/step down areas properly protected by railings and/or indicated by bright, contrasting paint? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Trees, Bushes, Hedges, Ground Cover:</b>			
Gutters and roofs clear of leaves and debris? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trees pruned away from roofs, eaves or buildings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower branches of trees removed to a minimum of seven feet above sidewalk? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bushes and hedges pruned back to reduce hiding places? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush cleared to 30 feet from buildings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison oak/ivy removed? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree roots covered? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Lighting</b>			
Adequate lighting present in all outdoor areas? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting time-clock adjusted at regular intervals for daylight changes? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All porch lights covered and equipped with properly sized bulb? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot bulbs/fixtures out of reach? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit breakers properly labeled? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is emergency lighting operational? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Balconies and Decks:</b>			
Potted plants on railings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No storage on balconies and decks (it adds undesirable extra weight)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No flammable liquid storage? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate railings in place? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No loose railings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Stairs and Handrails:</b>			
No loose stairs, Anti-slip covering in place? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No loose or missing railings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No combustible storage under stairs? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting appropriate for conditions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet secure and in good condition? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Playground and Equipment</b>			
Equipment secured to ground? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock-absorbing base beneath equipment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment inspected for worn, loose or missing components and repaired if necessary? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass, animal feces and other litter routinely cleaned up? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular documented inspections of equipment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Laundry Room:</b>			
Lighting adequate? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"NO SMOKING" signs posted? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal garbage cans provided with self-closing lids? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer lint screens kept clean? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer vents unobstructed, connected and clean? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors closed and locked when unattended? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No storage within 18 inches of the water heaters? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater burner door in place? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area behind dryers and washers kept clean? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer motor and related parts cleaned and lubricated semi-annually? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	OK	N/I	N/A
<b>13. Pool and Spa:</b>			
Fences around pool and spa in good condition? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gates self-closing and self-latching? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life saving equipment available? (i.e., life rings, pole with hook, ropes) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper postings:			
a) Pool occupancy/spa occupancy? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Maximum and minimum depth of pool? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Emergency phone number? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Warning sign for spa? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Warning sign for pool using chlorine? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) NO LIFEGUARD ON DUTY sign posted where necessary? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) No diving sign visible? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency switch for spa identified? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool and spa are kept clean? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool side tables and chairs in good condition? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone readily available for emergency calls? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool chemical supplies secured? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms and shower areas kept clean and in good repair? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Sauna:</b>			
Checked daily for serviceability? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting adequate? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s) open easily? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benches free of splinters? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules posted for users' reference? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat functional and visible to user? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window is present and clear? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health warning signs posted? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Recreation Room, Game Room, and Social Facilities:</b>			
Area checked daily for condition? (i.e., kitchen etc.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking appliance(s) turned off when no one is present? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities inspected after each use or function? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules posted for users' reference? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Exercise Room:</b>			
Equipment frequently inspected for worn, loose or missing components? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defective equipment removed to preclude its use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules posted for users' reference? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddy system encouraged when using equipment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting adequate? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Elevators:</b>			
Annual inspection certificate posted in car? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly service records maintained? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"NO SMOKING" signs posted? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide-lipped, sand-filled ash trays provided on each floor outside elevator doors? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs posted "In The Event of Fire" do not use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Heating and Air Conditioning:</b>			
Units Regularly serviced? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heaters or boilers inspected annually? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Room kept clean and free of debris? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**19. Windows:**

	OK	N/I	N/A
No broken or cracked window glass? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No missing window screens? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barred windows equipped with interior releases? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior releases on barred windows tested for proper operation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. Doors and Locks:**

Utility room doors kept closed and locked? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents' doors and locks functioning properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locks changed when new tenant moves in? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior gates and doors functioning properly and kept locked? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents' doors equipped with door viewer/peephole? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits properly marked? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## *Report of Unsafe Conditions*

This form is designed for use by management, tenants and employees. It is also used by management during formal documented inspections of the property to identify problem areas which need immediate attention. Employees are encouraged to use this form to report unsafe conditions to management.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Hazard/Problem: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **For Manager Use Only:**

Repair/Correction Necessary: \_\_\_\_\_

Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

---

### **Fill Out and Return to Reporting Party**

Date Condition Inspected: \_\_\_\_\_

Date Work to Start: \_\_\_\_\_

Date Work to be Completed: \_\_\_\_\_

No Action Taken - Reason: \_\_\_\_\_

Reviewed By: \_\_\_\_\_