



FARMERS[®]
BUSINESS INSURANCE

Farmers Restaurant Loss Prevention Program

Your Loss Prevention Program

Many factors today can come between you, your investment and a safe Restaurant environment. An effective loss prevention program will help you, recognize and reduce the potential for costly losses.

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

- **Loss Control Review of Management Policies** – use this list of questions to evaluate your existing procedures and policies. Effective procedures can help prevent avoidable accidents or hazards.
- **Monthly Premises Inspection Checklist** – use this checklist monthly 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** – this form should 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 commitment, involvement and follow-up to your employees.

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

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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 your and employees.

An ongoing safety program controls expenses and enhances your ability to attract new customers. It has to be imbedded into your day-to-day operations to be effective. It must be more than a program on the shelf; or an occasional survey.

When management continuously demonstrates genuine interest in safety, employees 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 employees?
2. Communicated the actions necessary to accomplish these goals?
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 employee.

Inspections

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

Accident Investigation

Injury or property damage after 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 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 that the accident investigation process is to uncover root causes?
2. Followed through on the recommendations resulting from the investigation to prevent reoccurrence?
3. Notified your staff 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 more 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 requirements.

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 daily 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 employee safety measures.

SUCCESSFUL JOB TRAINING INCLUDES:

- Identifying and communicating 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, and your image in the community.

Loss Control Review of Property Management Policies

Activities to consider or perform

Yes No

- 1. Is someone assigned to perform formal, documented property inspections?
- 2. Are the inspections completed on a monthly basis?
- 3. Does management complete a Report of Unsafe Conditions for each item needing improvement? See attached sample Report of Unsafe Conditions.
- 4. Do employees have access to Report of Unsafe Conditions forms for reporting hazards and dangerous conditions to management?
- 5. Is someone responsible for following up on items needing improvement?
- 6. Are serious reported hazards given priority for correction?
- 7. Are there procedures in place to investigate accidents/incidents occurring on the premises?
- 8. Are all employees trained to recognize potential/existing hazards?
- 9. Has crime activity in the area been evaluated to determine the need for additional security measures?
- 10. Are there routine patrols to determine the adequacy of premises security with documentation?
- 11. Is cash in registers kept to minimum? Are daily deposits made?
- 12. Are all stairs protected by appropriate hand railing?
- 13. Appropriate pest control services; tenants notified before spraying?

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.

Restaurant Self-Inspection Checklist

A vital part of loss prevention is the recognition and correction of unsafe activities or conditions before a loss occurs. This checklist provides you with a tool to identify areas that might need attention. A “NO” response to any question indicates corrective action may be necessary. This survey form should be completed at least quarterly, and reviewed by the various levels of management to assure that unsafe acts/conditions are corrected and follow-ups are scheduled to see if the correction(s) accomplishes its purpose. Additional measures may be required beyond those identified by this checklist.

Range and Grill Controls

	YES	NO	N/A
1. Operable automatic extinguishing system in hood and duct above ranges, grills and fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Extinguishing heads capped to prevent a cooking buildup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Suppression System's manual pull switches away from cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Extinguishing system(s) has a semi-annual service contract with qualified firm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fuel supply for cooking equipment has an automatic shut-off valve when extinguishing system activates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Deep-fat fryer protected with individual nozzles conected to suppression system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Deep-fat fryer units controlled and provided with high-temperature fuel shut-offs; overflow gutters provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Filters in exhaust system(s) cleaned at least daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exhaust system(s) cleaned at least quarterly by qualified service contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Floors adjacent to deep-fat fryers dry and free of grease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Handling Practices:

1. Perishable or potentially hazardous foods properly stored and held at the correct temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cutting boards washed and sanitized whenever the use switches between raw food and cooked or ready-to-serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees wash hands after wiping tables handling money and busing soiled dishes, before handling place-settings and serving food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Protection and Prevention:

Fire Extinguishers

1. Proper number and type(s) of fire extinguishers, charged and tagged to show last service date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire extinguishers properly wall-mounted, identified and adequately accessible for hazard involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees trained in proper use of extinguishers and manual operation of dry-chemical system protecting cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sprinklers

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 4. Sprinkler system control valves secured in open position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Minimum of 18 inches clearance between stock storage and sprinkler heads? .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Clear space of three feet around sprinkler system's main control valve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Water pressure indicated on sprinkler system's lower gauge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sprinkler system(s) periodically tested and maintained; written records kept on premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Fire Safety

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Employees instructed in evacuation procedures for both customers and employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Instructions prominently posted for reporting fire and calling Fire Department? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Storage of combustibles not permitted within 30 feet of water heaters, furnaces or other heat source? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical Equipment:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Breaker switches properly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Electrical panel boxes have doors closed, clear area of 30 inches in front of boxes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Storage Areas:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Stock properly and securely stacked; stored on racks, shelves or pallets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, storage has proper clearances from hot-water heater and sprinklers? .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Shelving and racks in good repair and secured to avoid tipping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cold-storage and Refrigeration Equipment

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Refrigeration system regularly serviced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Walk-in cooler and freezer doors provided with operable interior-release mechanisms, alarm system, and axe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When restocking, new stock placed at rear and old stock moved up front for use first? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recommended holding times for food established followed? Stock stored and covered correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Floors and Walking Surfaces

YES NO N/A

- 1. Floor free from food spillage, silverware, broken glassware, loose mats, torn carpets or other hazards? YES NO N/A
- 2. Portable signs available to indicate wet-mopped floors or temporary hazards? YES NO N/A
- 3. Stair treads equipped with abrasive strips or other nonskid surface? YES NO N/A
- 4. Outdoor walkways checked frequently for, tripping hazards; repairs made promptly? YES NO N/A
- 5. Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather? YES NO N/A
- 6. Changes in interior elevations properly illuminated? YES NO N/A
- 7. Floors adjacent to soft-drink sryup tanks cleaned regularly? YES NO N/A
- 8. Floors around sink mopped dry? YES NO N/A

Exits

- 1. Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars? YES NO N/A
- 2. Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly? YES NO N/A
- 3. Secure handrails on all stairs and steps? YES NO N/A

Liquor Liability

- 1. Does the insured have controls in place to avoid serving liquor to minors and intoxicated persons? YES NO N/A
- 2. Does the insured provide or offer intoxicated persons transportation home? YES NO N/A
- 3. Are employees trained in identifying and controlling excessive liquor consumption? YES NO N/A

Exterior Areas

- 1. Paths and parking lot well illuminated? YES NO N/A
- 2. Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction, well illuminated? YES NO N/A
- 3. Snow and ice promptly removed from parking lot and all walkway surfaces, when necessary? YES NO N/A
- 4. Car stops (bumper strips) painted contrasting colors so they are clearly visible? YES NO N/A

General Safe Practices

- 1. Pest control services performed by a licensed, independent extermination contractor, substances used approved for use in food establishments? YES NO N/A
- 2. Heimlich Maneuver posters in plain view; employees trained, where required by law? YES NO N/A
- 3. Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use? YES NO N/A

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4. Emergency telephone numbers for police and emergency medical services prominently posted?
 5. Dishes and utensils taken out of service and discarded when chipped, cracked or broken?
 6. Knives placed in sheaths when not in use?
 7. Proper guards in place and used with meat-slicing machines?

Crime

1. Cash registers emptied and left open during non-operating hours?
2. Cash drawers skimmed frequently to reduce the cash in each drawer?
3. Bank deposits made at least twice daily with varying times and routes?
4. Combination to safe changed after turnover of money-handling personnel? ...
5. Locks changed after turnover of personnel having possession of keys.
6. Back door equipped with a panic lock so it can be kept locked at all times, equipped with hinge pins?
7. Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty?

Unsafe Restaurant Conditions Report

This form is designed for use by every level of management and employees. Management can utilize the form during formal inspections of the restaurant to identify problem areas which need immediate attention. employees are encouraged to use this form to report unsafe conditions to management.

Date: _____ Time: _____

Location / area _____

Hazard / problem: _____

Submitted by: _____ Phone: _____

Address: _____

For Managerial 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: _____ Date: _____

Reviewed by: _____



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