

# YMCA Questionnaire

Name of organization \_\_\_\_\_

Website address \_\_\_\_\_

*If you do not have a website, attach brochure and detailed description of daily activities of your organization.*

FEIN \_\_\_\_\_ Years under current management \_\_\_\_\_

Years in business \_\_\_\_\_ Title \_\_\_\_\_

## A. General Operations and Facilities

1. Provide all applicable information:

Payroll \_\_\_\_\_ Number of employees \_\_\_\_\_ Number of volunteers \_\_\_\_\_

Total revenues \_\_\_\_\_

Who is your previous insurance carrier? \_\_\_\_\_

**Yes No**

Has there been a lapse in coverage?

2. Program participants in each age range: <18 \_\_\_\_\_ 19-61 \_\_\_\_\_ 62+ \_\_\_\_\_

3. Is your organization or any location operated by you licensed by any regulatory authority?

**If yes**, attach copies of all licenses and most recent inspection reports.

4. Please indicate if your organization provides programs or services pertaining to any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Alternative medicine (e.g. acupuncture, chiropractic, diet, etc.)               | <input type="checkbox"/> Drone classes or services  |
| <input type="checkbox"/> Counseling for individuals with eating disorders                                | <input type="checkbox"/> Detoxification or methadone services   |
| <input type="checkbox"/> One-on-one or peer counseling   | <input type="checkbox"/> Fiscal sponsorship or insurance coverage to other entities                                 |
| <input type="checkbox"/> Crisis intervention (e.g. hotline, inpatient, etc.)                             | <input type="checkbox"/> Individuals with suicidal or violent behavior  |
| <input type="checkbox"/> Financial or lending services or handling of clients' money                     | <input type="checkbox"/> Foreign exchange programs  |
| <input type="checkbox"/> Adoption or foster placement  | <input type="checkbox"/> Sponsoring rallies, civil demonstrations, or protests                                      |
| <input type="checkbox"/> In-home Services (e.g. meal delivery, chore assistance, etc.)                   | <input type="checkbox"/> Behavioral health services   |
| <input type="checkbox"/> Respite Care  | <input type="checkbox"/> Political action (e.g. lobbying, petitioning, etc.)  |
| <input type="checkbox"/> Individuals with Alzheimer's or dementia  | <input type="checkbox"/> Infectious or contagious disease   |
| <input type="checkbox"/> Mentoring programs matching youth with mentors                                  | <input type="checkbox"/> Individuals with severe mental illness (e.g. bipolar, schizophrenia, paranoia, etc.)       |
| <input type="checkbox"/> Alternative sentencing, incarceration or lock-down programs                     | <input type="checkbox"/> Assistance with Activities of Daily Living (e.g. bathing, dressing, toileting, etc.) _____ |
| <input type="checkbox"/> Sexual offenders or Individuals with sexually abusive behavior                  | <input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.)                 |
| <input type="checkbox"/> Advocacy (representation of individuals in legal proceedings) or legal services | <input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational)                   |
| <input type="checkbox"/> <b>None of the above services or programs are applicable</b>                    |   |

**If yes**, any listed above, describe:

**A. General Operations and Facilities *Continued***

	Yes	No
5. Do you employ doctors, dentists, psychiatrists, or nurse practitioners?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization utilize chemical or physical restraint or confinement techniques?	<input type="checkbox"/>	<input type="checkbox"/>
7. Please provide the following property information:		
a. Make & manufacturer of electrical panel and breakers _____		
b. Is all electrical wiring connected to functional and operational circuit breakers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your facility have aluminum wiring?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the electrical have knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>
e. Who completes your electrical repairs?		
<input type="checkbox"/> Licensed electrician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____		
8. Does your organization have any outdoor paved surfaces ( <i>patios, courts, etc.</i> ), running fields ( <i>live or artificial</i> ), or other type of outdoor property or equipment ( <i>gates, fences, playground equipment, etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> a. Was all equipment manufactured by a commercial manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
b. Was all equipment installed by an insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the outdoor equipment gated including a self-closing mechanism?	<input type="checkbox"/>	<input type="checkbox"/>
d. How frequently is the playground inspected for safety?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____		
e. Would you like property coverage for any paved surfaces, outdoor property or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
i. <b>If yes,</b> describe type of property or equipment, the location and the value below. _____		
9. Do you have any solar panels?	<input type="checkbox"/>	<input type="checkbox"/>
kilowatt (kW) _____    number of panels _____    age of panels _____		
10. Do you have any air-supported or tension supported buildings?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> please advise address _____		
Age of building _____    Manufacturer _____		
11. Do you operate commercial cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> describe type and safety controls:		
12. Indicate all protective systems:		
<input type="checkbox"/> <b>Sprinklers:</b> If not 100%, indicate areas that are equipped with functioning sprinklers _____		
Are all sprinkler heads either recessed or protected by sprinkler head guards?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Smoke detectors:</b> <input type="checkbox"/> Battery operated <input type="checkbox"/> Hard wired <input type="checkbox"/> Hard wired with battery back-up		
<input type="checkbox"/> <b>Carbon monoxide detectors:</b> <input type="checkbox"/> Battery operated <input type="checkbox"/> Hard wired <input type="checkbox"/> Hard wired with battery back-up		
13. What security measures are regularly in place? ( <i>Check all that apply</i> )		
<b>Building Systems:</b> <input type="checkbox"/> Electronic locks <input type="checkbox"/> Automated Access Control System <input type="checkbox"/> Alarmed doors		
<input type="checkbox"/> Security cameras <input type="checkbox"/> Surveillance Cameras <input type="checkbox"/> Metal detectors		
<input type="checkbox"/> Emergency drills		
14. Do you have security guards for regular operations?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		

**A. General Operations and Facilities *Continued***

Yes No

a. Are security personnel:  Employees  Volunteers  Contracted Third Party  On-Duty Police  
 Off-Duty Police  Other \_\_\_\_\_

b. Is security:  Unarmed  Armed: Describe Weapons \_\_\_\_\_

c. Number of security personnel \_\_\_\_\_ Payroll (or contract premium) \_\_\_\_\_

d. Additional security comments \_\_\_\_\_

15. Does your property have any unique features?  Yes  No

Decks  Docks  Footbridge  Waterways  Bridge  Dam  Marina  
 Fuel Tank  Other \_\_\_\_\_

16. Do you have any plans for renovations or new construction during the next 2 years?  Yes  No

**If yes, describe.**

17. Do you have any buildings that are more than 25% vacant, unoccupied (including temporarily), or for sale?  Yes  No

**If yes, provide address of building(s)** \_\_\_\_\_

18. Do you accept donations of vehicles of any type?  Yes  No

**If yes,**

a. Does the organization take physical possession of the vehicle?  Yes  No

b. Does the organization take registration of the vehicle?  Yes  No

c. How are vehicles used?

Used in daily operations of organization  Sold directly to the public as a fundraiser  
 Vehicle is titled to an independent broker, when sold, profits are returned to the organization

d. How many vehicles do you receive in an average year? \_\_\_\_\_

**B. Management Practices**

Yes No

1. Do you have a risk manager on staff?  Yes  No

2. Indicate all employee (and/or volunteer) screening controls utilized by your organization.  EMPLOYEES  EMPLOYEES

	EMPLOYEES		EMPLOYEES	
	No Employees	No	No Employees	No
	Yes	No	Yes	No
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted and personal references verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional licensing/certification verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Indicate all employee (and/or volunteer) background checks utilized by your organization.  EMPLOYEES  VOLUNTEERS

	EMPLOYEES		VOLUNTEERS	
	No Employees	No	No Volunteers	No
	Yes	No	Yes	No
a. Name check – state level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name check – national level (e.g. using online vendor services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State level 10-digit fingerprint check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. FBI fingerprint check regardless of time person has resided in the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	EMPLOYEES		VOLUNTEERS	
	<input type="checkbox"/> No Employees	<input type="checkbox"/> No	<input type="checkbox"/> No Volunteers	<input type="checkbox"/> No
<b>B. Management Practices <i>Continued</i></b>				
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Description of other screening methods:				
4. Do applications contain a notice that a criminal background check may be run on all candidates?			<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , does application advise applicant that they may be rejected or terminated based on an unacceptable background check?			<input type="checkbox"/>	<input type="checkbox"/>
5. Do you allow volunteers under the age of 18?			<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , do you require a Parent or Guardian to sign a volunteer waiver and release for those under the age of 18?			<input type="checkbox"/>	<input type="checkbox"/>
6. Are all screening controls and background clearance controls completed prior to:				
a. Hiring employee or accepting volunteer?			<input type="checkbox"/>	<input type="checkbox"/>
b. Employee or volunteer contact with client?			<input type="checkbox"/>	<input type="checkbox"/>
Explain any <b>NO</b> responses:				
7. How frequently does your organization run background checks?				
<input type="checkbox"/> Once ( <i>Prior to hire</i> ) <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other _____				
8. How long are employee and volunteer records, including record of background checks, retained?				
<input type="checkbox"/> Number of years _____ <input type="checkbox"/> Permanently				
9. How long do you retain incident reports for injuries and documentation of actions taken?				
<input type="checkbox"/> Number of years _____ <input type="checkbox"/> Permanently				

**C. Organizations in Business Less than 3 Years**

**Complete this section if your organization has not been in business at least 3 years.**

Please provide current budget including sources & amount of funding or revenue and total projected expenses for the current fiscal year:

Attach copies of business plan and executive staff résumés.

	<input type="checkbox"/> Not Applicable	Yes	No
<b>D. Abuse/Molestation Liability</b>			
1. What is your most recent Praesidium Know Your Score? _____			
2. Is your association accredited with Praesidium?		<input type="checkbox"/>	<input type="checkbox"/>
3. How long do you retain reports of allegations of abuse and the actions taken?			
<input type="checkbox"/> Number of years _____ <input type="checkbox"/> Permanently			
4. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made against your organization ( <i>or any individual covered by this policy</i> )?		<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> to above, explain _____			
5. Does your organization have written abuse policies?		<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , do your policies and procedures:			

**D. Abuse/Molestation Liability *Continued***

**Yes No**

a. Communicate a zero-tolerance approach to inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/>
b. Define appropriate and inappropriate behavior and contact	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate the organization will investigate and cooperate with law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you conduct regular sex offender screening on all employees, volunteers, and contractors?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , do you collect signed acknowledgments that advise that the individual may be rejected or terminated if a sex offender match occurs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your organization enforce the 3-person rule ( <i>require at least 2 employees or volunteers to be with clients at all times</i> ), prohibiting all employees and volunteers from being alone with clients, including during transportation?	<input type="checkbox"/>	<input type="checkbox"/>
8. How does your organization monitor client areas?		
<input type="checkbox"/> Closed circuit monitors	<input type="checkbox"/> Staff tours/detours	<input type="checkbox"/> Office windows
<input type="checkbox"/> Surveillance cameras	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Other _____
9. Indicate abuse or molestation prevention training provided:		
	<b>Training documented and retained</b>	
		<b>Yes No</b>
	<b>None</b>	<b>Orientation</b>
	<b>Formal training</b>	<b>Annual training</b>
	<b>Number of years records are retained?</b>	
Employees	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Clients	<input type="checkbox"/>	<input type="checkbox"/>

**E. Professional Liability**

Not Applicable

1. List number of employees (*full or part-time*), volunteers and contractors by position:

Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Teachers, daycare workers			
Special education teachers, Board Certified Behavior Analysts (BCBA)			
Massage Therapists			
Personal Trainers			
Lifeguards			
Camp Counselors			
Mental health professionals ( <i>e.g. psychologists, social workers, counselors</i> )			
Medical Doctors, Dentists, Psychiatrists			
Other degreed professionals ( <i>Describe degree level and position</i> ):	_____	_____	_____

Please describe the responsibilities of any medical staff:

2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , are procedures in place to verify current insurance is maintained at all times?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , are procedures in place to verify current licenses and/or certifications are maintained?	<input type="checkbox"/>	<input type="checkbox"/>

**E. Professional Liability *Continued***

	Yes	No
4. Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your organization aware of any situations or circumstances in the last five years ( <i>including lawsuits</i> ) that may result in a professional claim made against your organization or any individual covered by this policy?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please provide details.</b>		

**F. Automobile Coverage (*If no scheduled autos, skip to question 6*)**

	<input type="checkbox"/> Not Applicable	Yes	No
1. Are all autos submitted for coverage titled to the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no, describe which autos are not titled to the organization and list the titled owner:</b>			
2. Please indicate the types of vehicles used by your organization ( <i>select all applicable</i> )			
<input type="checkbox"/> Owned <input type="checkbox"/> Long-term Leased			
3. Does your organization spend more than \$2,500 on vehicle rentals per year?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, annual cost \$</b> _____			
a. Are the vehicles leased with a driver ( <i>chartered</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Please describe the types of vehicles rented _____			
4. Do you provide transportation to any clients, members or the general public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, describe services</b> _____			
a. Are strict routes and time tables enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When transporting passengers younger than 18 years of age, are 2 adults present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you following all applicable state and federal licensing laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain driver files on CDL licensed drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do any autos have wheelchair lifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What types of driver training do you provide your drivers?			
<b>Training Methods:</b>	<input type="checkbox"/> Document Distribution	<input type="checkbox"/> Classroom Training	<input type="checkbox"/> Road Testing
	<input type="checkbox"/> Other _____		
<b>Training Types:</b>	<input type="checkbox"/> Defensive Driving	<input type="checkbox"/> Distracted Driving	<input type="checkbox"/> Passenger Van Training
	<input type="checkbox"/> Weather Related Training	<input type="checkbox"/> Wheelchair Lift Training	
	<input type="checkbox"/> Other _____		
6. Do you have a distracted driver policy in place ( <i>including employees or volunteers that drive their own vehicles for business use</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, how is it enforced</b> _____			
7. Does management have and enforce a written policy restricting use of electronic devices ( <i>including cellphones, smart phone technology</i> ) while driving ( <i>including employees or volunteers that drive their own vehicles for business use</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs:			
_____			
a. Indicate type of usage ( <i>select all that apply</i> ):			
<input type="checkbox"/> Errands	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____	
<input type="checkbox"/> Delivery of meals or property	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____	

**F. Automobile Coverage *Continued***

	Yes	No
<input type="checkbox"/> Transportation of others <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____		
b. Does your organization require proof of personal auto insurance annually?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization require at least 100,000 personal auto policy limits?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers ( <i>including drivers of non-owned autos, employees and volunteers</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
10. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:		
a. Driver has more than 2 moving violations/accidents within past three years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driver has a major violation in last 5 years ( <i>driving while intoxicated, reckless driving, leaving the scene, etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a dashboard camera installed in all of your vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please indicate the type(s): <input type="checkbox"/> Forward facing only <input type="checkbox"/> Forward and rear cameras		
12. Do you utilize telematics?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,		
a. On how many vehicles? _____		
b. Who is your current telematics provider? _____		
c. What type of telematics program are you using?		
<input type="checkbox"/> Data Sensors <input type="checkbox"/> Integrated GPS Navigation <input type="checkbox"/> Wireless Mobile Devices		
<input type="checkbox"/> Other _____		

**G. Data Compromise**

	<input type="checkbox"/> Not Applicable	Yes	No
1. Does your organization accept electronic payments/donations or electronically store employee and volunteer Personally Identifiable Information?		<input type="checkbox"/>	<input type="checkbox"/>
2. Has your organization suffered a breach of personal information in the last 12 months?		<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please explain.			
3. Do you post your document retention and destruction policy?		<input type="checkbox"/>	<input type="checkbox"/>
<b>If no</b> , please explain.			
4. Do you maintain regularly updated computer security measures? ( <i>e.g. fire wall, secured wireless connectivity, virus protection</i> )		<input type="checkbox"/>	<input type="checkbox"/>
<b>If no</b> , please explain.			
5. Are your employee, customer, and other physical records maintained in a secured environment with limited access?		<input type="checkbox"/>	<input type="checkbox"/>
<b>If no</b> , please explain.			

**H. Clubs, Health Clubs, or Fitness Centers** Not Applicable

Yes

No

	<input type="checkbox"/> Not Applicable	Yes	No
1. Does your organization own, lease, rent or use any buildings or locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>			
a. Select all applicable: <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent <input type="checkbox"/> Use with permission			
b. What are the hours of operation each day?			
Mon-Thurs _____ Fri _____ Sat _____ Sun _____			
c. Are employees always on-site during operating hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is member access to the facility restricted to operating hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is club access restricted to club members and their guests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Describe fitness center guidelines applicable to minors:			
2. Indicate all applicable sources of income and gross sales from each:			
<input type="checkbox"/> Membership or initiation fees \$ _____ <input type="checkbox"/> Other sales or income \$ _____			
3. Do you require all clients to register and complete a waiver as part of membership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you require guests to complete a waiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Please provide a copy of the waiver.</i>			
4. Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> attach a copy of your most recent inspection.			
a. Were any violations or deficiencies found in your most recent inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often are you subject to inspection and by what authority? _____			
5. How often do you inspect your premises and equipment? _____			
6. Do you maintain an inspection log to document inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was equipment installed by certified contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the equipment serviced and maintained according to manufacturer specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the equipment operated in accordance with manufacturer instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you require at least one CPR and First Aid certified employee to be on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have automatic external defibrillators (AED)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>			
a. Do you maintain them according to manufacturer recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you provide proper training to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are written medical emergency and evacuation procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> are all employees and contractors trained in emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are incident reports completed and maintained for all injuries, regardless of severity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are ground fault interrupters (GFI) used on all outlets in all wet areas (e.g. showers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your facility sponsor competitions/races or individuals/teams that participate in competitions/races?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H. Clubs, Health Clubs, or Fitness Centers *Continued***

17. Please indicate if your facility offers any of the following services or programs:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Fitness:                   | <input type="checkbox"/> Hot Yoga                 | <input type="checkbox"/> Aerial Silks or hammocks   | <input type="checkbox"/> Suspension Training ( <i>TRX, etc.</i> ) |
|   | <input type="checkbox"/> CrossFit                 | <input type="checkbox"/> Other _____                |   |
| <input type="checkbox"/> Spa Services:              | <input type="checkbox"/> Salon/hair services      | <input type="checkbox"/> Body wrapping              | <input type="checkbox"/> Massage <input type="checkbox"/> Facials |
|   | <input type="checkbox"/> Cryotherapy              | <input type="checkbox"/> Other _____                |   |
| <input type="checkbox"/> Diet/Weight Loss Services: | <input type="checkbox"/> Nutritional counseling   | <input type="checkbox"/> Weight loss competition(s) |   |
|   | <input type="checkbox"/> Other _____              |   |   |
| <input type="checkbox"/> Medical/Lab Services:      | <input type="checkbox"/> Physicals/stress testing | <input type="checkbox"/> Blood analysis             |   |
|   | <input type="checkbox"/> Sports medicine/rehab    | <input type="checkbox"/> Other _____                |   |

**Yes      No**

18. Do you offer boxing, kickboxing, or martial arts programs?      

**If yes,**

a. Identify the program(s) contact level

- Non-contact     Light contact     Medium contact     Full contact

b. Is protective padding used during sparring?      

c. Are any bladed weapons ever used?  **Not Applicable**           

d. Describe specific types of martial arts offered and safety equipment required:

19. Does your facility operate a tanning bed or tanning booth?      

**If yes,**    Gross Sales \$ \_\_\_\_\_    Number of Beds \_\_\_\_\_    Number of Booths \_\_\_\_\_

a. Does your organization obtain signed waiver specific to tanning?      

b. Does your organization follow manufacturer guidelines for use, servicing, and maintenance?      

c. Does the insured regulate the device timing controls?      

d. Does the insured sanitize the equipment?      

20. Do you employ any Certified Athletic Trainers (CAT)?      

**If yes,** please describe daily activities of CAT:

**I. Childcare Services and Before/After School Programs (*including Head Start, Latchkey, etc.*)**

**Not Applicable**

1. Complete chart below. **If additional space is required, provide information on an attachment.**

*\*Count each child as one attendee for Average Daily Attendance*

On Site Locations <i>(Copy this sheet if additional space if needed)</i>	Licensed Daycare		Before/After School Age Program		Preschool Program	
	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff

**I. Childcare Services and Before/After School Programs Continued**

Off Site Locations <i>(Copy this sheet if additional space is needed)</i>	Licensed Daycare		Before/After School Age Program		Preschool Program	
	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff

2. What services does your organization provide *(check all applicable)*:

School:     Art, Dance, Theater, Music     Head Start     Latchkey

Special Needs:     Developmentally impaired     Learning impaired     Physically impaired

Psychologically impaired

	Yes	No
3. Are drop off/pick-up procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
4. Are visitor check-in/check-out procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
5. Does program policy allow the use of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, provide policies and procedures.</b>		
<b>If no, is there a formal, written policy prohibiting the use of corporal punishment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are food allergy procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are prescription medication procedures in place <i>(inclusive of storage and authorized dispensing instructions)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are services for impaired students and daycare limited to the first floor?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is large furniture bolted to walls?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the facility fully equipped with permanent Tamper Resistant Receptacles?	<input type="checkbox"/>	<input type="checkbox"/>

**J. Camps *(including summer programs, day camps or overnight)***

Not Applicable    Yes    No

1. Is your organization accredited by the ACA *(American Camp Association)*?       

Please list any additional accreditations:

2. Complete chart below. If additional space is required, provide information on an attachment.

*\*Count each registrant as one attendee*

Program Type	Summer Programs On Site	Summer Programs Off Site	Day Camps On Site	Day Camps Off Site	Overnight Camps
Number of Attendees per day					
Number of Days					
3. Number of attendees in each age range _____ under 12    _____ age 13 –16    _____ over age 16					
				Yes	No
4. Do you keep a medical history on file for each camper?				<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, is it secured?</b>				<input type="checkbox"/>	<input type="checkbox"/>

**J. Camps Continued**

	Yes	No
5. Are waivers in place for all campers? <i>*Please provide a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are drop off/pick-up procedures in place? <i>*Please provide a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are food allergy procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are prescription medication procedures in place <i>(inclusive of storage and authorized dispensing instructions)?</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a nurse or doctor on-site?	<input type="checkbox"/>	<input type="checkbox"/>
10. What lifesaving skills are required of the counselors? <input type="checkbox"/> CPR <input type="checkbox"/> Lifeguard Training <input type="checkbox"/> First Aid <input type="checkbox"/> Other _____		
11. When is the last time the local fire department and/or forest service visited the camp?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the campground open seasonally <i>(closed during off-season)?</i> <b>If yes,</b>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does a caretaker live on the camp premises year-round?	<input type="checkbox"/>	<input type="checkbox"/>
b. Water turned off at the source and drained from internal pipes of buildings not in use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Which utilities remain on during off-season? _____		
d. How often is camp inspected during the off-season? _____		

**K. Facility Rental *(Complete if premises is rented to others)***

Not Applicable      Yes      No

1. Number of times a year your premises is rented, either for a fee or at no cost? _____		
2. Are all renters required to sign written rental contract?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> a. Does your rental agreement contain "hold harmless" clause in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your contract require you to be named as Additional Insured on the renter's policy?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does agreement make the renter responsible for security during rental period?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require all third parties to provide certificates of insurance <i>(including coverage for athletic participants when applicable)</i> with limits of at least \$1,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you permit renters to sell, serve or furnish alcohol on premises?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> a. Do you require controls for this exposure in your rental contract terms <i>(training for servers, COI from caterer, etc.)?</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you maintain a list of acceptable caterers and/or bar services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a staff member on site and available for questions during rental?	<input type="checkbox"/>	<input type="checkbox"/>

**L. Athletic and Recreational Activities**

Not Applicable      Yes      No

1. Do you require a signed waiver, including a hold harmless agreement, be signed annually by parent(s)/guardian(s) prior to any participation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you verify that participants have health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization provide accident insurance for program participants?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> Insurance company name _____ Policy number _____		
a. Policy period _____		
b. What are the Accident Medical Expense (AME) and Death/Dismemberment limits? _____		
c. What is the Catastrophic AME limit? _____		

**L. Athletic and Recreational Activities *Continued***

	Yes	No
4. Do all coaches and staff receive concussion recognition and protocol training?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have formal, written concussion management program that is compliant with current federal and state legislation?	<input type="checkbox"/>	<input type="checkbox"/>
a. Athletes and parents are provided concussion awareness information?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, does concussion awareness information include:</b>		
i. Risks of concussion	<input type="checkbox"/>	<input type="checkbox"/>
ii. Potential consequences of multiple concussions or inadequate treatment	<input type="checkbox"/>	<input type="checkbox"/>
iii. Prevention and mitigation practices	<input type="checkbox"/>	<input type="checkbox"/>
iv. Symptoms of concussion	<input type="checkbox"/>	<input type="checkbox"/>
v. Return to play guidelines	<input type="checkbox"/>	<input type="checkbox"/>
b. Do athletes and parents sign & date a confirmation form that information was received?	<input type="checkbox"/>	<input type="checkbox"/>
c. Concussion awareness posters utilized in gym, locker rooms, offices and/or meeting rooms?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do all athletes have a Baseline Concussion Test prior to athletic participation?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all coaches and staff trained in CPR and First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
f. If sport requires helmets, are helmets reconditioned and recertified annually by a NAERA member ( <i>NOCSAE licensed</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
g. If sport requires helmets, are helmets retired when annual recertification is declined?	<input type="checkbox"/>	<input type="checkbox"/>
h. If sport requires helmets, do you utilize concussion impact monitoring technology?	<input type="checkbox"/>	<input type="checkbox"/>
i. Other, please describe:		
6. Please confirm all applicable protocol, in the case that a concussion is suspected.	<input type="checkbox"/>	<input type="checkbox"/>
a. Remove participant from play	<input type="checkbox"/>	<input type="checkbox"/>
b. Inform participant's parent/guardians & re-provide concussion awareness information	<input type="checkbox"/>	<input type="checkbox"/>
c. Require healthcare professional evaluation	<input type="checkbox"/>	<input type="checkbox"/>
d. Require adjusted classroom activity during recovery	<input type="checkbox"/>	<input type="checkbox"/>
e. Require medical clearance prior to returning to active practice and game participation	<input type="checkbox"/>	<input type="checkbox"/>
f. Require post-concussive neurocognitive testing as part of medical clearance	<input type="checkbox"/>	<input type="checkbox"/>
g. Require post-concussion physical activity program to monitor the participant prior to returning to game participation	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please describe:		
7. If claims-made coverage is requested, please provide date(s) that concussion management procedures/protocol were implemented:	<input type="checkbox"/> <b>Not Applicable</b>	<input type="checkbox"/>
8. Are any of the athletic or recreational activities organized through independent contractors or third-party providers?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please indicate which activities:</b>		
9. Do you organize or offer team or league sports?	<input type="checkbox"/>	<input type="checkbox"/>

**L. Athletic and Recreational Activities *Continued***

**If yes,**

a. Indicate applicable athletic programs and number of registrants for each:

<input type="checkbox"/> Archery** _____	<input type="checkbox"/> Golf _____	<input type="checkbox"/> Swim or Dive** _____
<input type="checkbox"/> Baseball _____	<input type="checkbox"/> Hockey - Ice, Street, Roller or Field _____	<input type="checkbox"/> Tennis _____
<input type="checkbox"/> Basketball _____	<input type="checkbox"/> Lacrosse _____	<input type="checkbox"/> Track & Field _____
<input type="checkbox"/> Cheer or Gymnastics** _____	<input type="checkbox"/> Racquetball or Squash _____	<input type="checkbox"/> Volleyball _____
<input type="checkbox"/> Cross Country _____	<input type="checkbox"/> Riflery** _____	<input type="checkbox"/> Water/Towing Sports** _____
<input type="checkbox"/> Dance/Drill _____	<input type="checkbox"/> Rugby _____	<input type="checkbox"/> Wrestling _____
<input type="checkbox"/> Football – <i>flag</i> _____	<input type="checkbox"/> Soccer _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Football – <i>tackle</i> _____	<input type="checkbox"/> Softball _____	<input type="checkbox"/> Other _____

**Yes      No**

b. Do you require an annual physical exam prior to athletic participation?      

c. Describe in detail the safety controls in place for the indicated athletic programs.

*\*\*See questions below pertaining specifically to the controls in place for activities followed by \*\*.*

10. Do you host or sponsor competitions (or teams that participate in competitions)?      

**If yes,** describe:

11. Please indicate applicable recreational activities offered at any location:

<input type="checkbox"/> Archery**	<input type="checkbox"/> Hockey - Ice, Street, Roller or Field	<input type="checkbox"/> Rollerblading, skating, skateboarding**
<input type="checkbox"/> Baseball or Softball	<input type="checkbox"/> Inflatable Devices, eg. Bouncers	<input type="checkbox"/> Snow skiing or Snowboarding**
<input type="checkbox"/> Basketball	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Soccer
<input type="checkbox"/> Biking - Mountain biking, BMX dirt bikes, etc.	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Swimming or Diving**
<input type="checkbox"/> Climbing walls or towers**	<input type="checkbox"/> Motorized Vehicles (ATVs, motorcycles)	<input type="checkbox"/> Trampolines, mini trampolines
<input type="checkbox"/> Cycling**	<input type="checkbox"/> Obstacle course(s) or Ropes Course(s)**	<input type="checkbox"/> Water Recreation Activities**
<input type="checkbox"/> Equestrian or Horseback riding**	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wilderness trips
<input type="checkbox"/> Football – <i>flag</i>	<input type="checkbox"/> Parkour	<input type="checkbox"/> Ziplines**
<input type="checkbox"/> Football – <i>tackle</i>	<input type="checkbox"/> Racquetball or Squash	<input type="checkbox"/> Other _____
<input type="checkbox"/> Giant Swings	<input type="checkbox"/> Riflery or Airsoft**	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gymnastics**	<input type="checkbox"/> Rock climbing, rappelling**	<input type="checkbox"/> Other _____

Describe in detail the safety controls in place for the indicated recreational activity.

*\*\*See questions below pertaining specifically to the controls in place for activities followed by \*\*.*

**L. Athletic and Recreational Activities *Continued***

12. Does the facility have any:		
<input type="checkbox"/> Stadiums	<input type="checkbox"/> Temporary bleachers	<input type="checkbox"/> Permanent bleachers
<input type="checkbox"/> Grandstand	<input type="checkbox"/> <b>Not Applicable</b>	
	<b>Yes</b>	<b>No</b>
13. Do you offer cheer or gymnastics programs?		
	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Describe your program, including levels, type of equipment used:		
b. Number of elements _____		
c. Number of participants _____		
d. Does your program perform pyramids or aerial exercises?	<input type="checkbox"/>	<input type="checkbox"/>
e. Describe the mats and crash pads around all equipment and how they are secured in place:		
f. Do you permit one-on-one sessions during closed gym hours?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you require that all equipment be locked up or closed off when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you offer competitive cheer or gymnastics?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, does the team travel?</b>	<input type="checkbox"/>	<input type="checkbox"/>
i. If overnight travel, please describe controls below.	<input type="checkbox"/> <b>Not Applicable</b>	
14. Do you offer cycling or biking programs, courses, or paths?		
	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Do you host, sponsor or participate in races?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bikers/cyclists required to remain on designated routes/trails?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you inspected and approved the routes/trails?	<input type="checkbox"/>	<input type="checkbox"/>
d. If bicycles provided, are all bikes inspected prior to each use?	<input type="checkbox"/> Bicycles not provided	<input type="checkbox"/>
e. Do you own or manage the trail or path?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
i. How frequently are trails/paths inspected? _____		
ii. Do you maintain inspection and maintenance logs?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Is there posted signage regarding degree of difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Are all trail grades verified to have less than 15% grade?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you have any paths with steep drops or obstacles requiring aerial maneuvers?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you offer rollerblading, skating, or skateboarding?		
	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Describe your skateboarding program and activities, including facility and frequency of use:		
<i>Please provide photos of the skateboarding area</i>		
b. Number of skate park elements _____		
c. Number of participants annually _____		

**L. Athletic and Recreational Activities *Continued***

	Yes	No
d. Are all skateboarders required to wear helmets, wrist guards, elbow and knee pads, appropriate shoes and clothing?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you own, manage, or operate a skate park?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
i. Is the skateboard facility secured when closed?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is the skateboard facility supervised by adult employees?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you offer archery, riflery, or airsoft activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> describe the ammunition type _____		
a. How do you secure ammunition and weaponry when not in use _____		
b. Number of participants annually _____		
c. Describe age range of participants _____		
d. Participant to supervising staff ratio _____		
e. Do you provide all weaponry ammunition for participants?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are weapons inspected to ensure proper working order prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all participants required to wear safety equipment ( <i>eye protection for archery and both ear and eye protection for firearms</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you provide appropriate safety training before handling the weapons?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you require a certified range safety officer ( <i>Archery USA or NRA certification</i> ) to be present at all times?	<input type="checkbox"/>	<input type="checkbox"/>
j. Do you own or manage the range?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> is the range outdoor?	<input type="checkbox"/>	<input type="checkbox"/>
k. Number of lanes? _____		
l. Are your ranges specifically designated for use and set up in a manner that the ammunition can't be dispersed beyond the range?	<input type="checkbox"/>	<input type="checkbox"/>
m. Do you allow third parties to use the range?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you offer snow sports ( <i>skiing, boarding, tubing, etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> describe the snow activities:		
a. Number of participants _____ Number of instructors _____		
b. Are activities conducted at a commercially operated facility ( <i>third party provider</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all participants required to wear helmets and goggles?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you offer horseback riding activities of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
Describe riding activities including locations where riding is done ( <i>trail, arena, etc.</i> ), type of riding:		
Number of horses owned _____ Number of horses leased _____		
Number of participants/riders _____ Number of contracted wranglers _____		
Number of employed wranglers _____		
a. Is riding restricted to an arena or enclosed area?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is jumping and racing prohibited?	<input type="checkbox"/>	<input type="checkbox"/>

**L. Athletic and Recreational Activities *Continued***

	Yes	No
c. Are all riders required to wear riding helmets, appropriate clothing and shoes?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you own the course, trail, or arena?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , is the course inspected annually by a professional contractor?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are your programs or professionals certified with Certified Horsemanship Association (CHA)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you own or operate any obstacle, challenge, or ropes courses, ziplines, or giant swings?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,		
a. Describe the course and program, including location and frequency of use. Include photos.		
b. Number of elements _____ Height of elements _____		
c. Number of participants annually _____		
d. Was course designed, built, and inspected by an PRCA ( <i>Professional Ropes Course Association</i> ) or ACCT ( <i>Association for Challenge Course Technology</i> ) Professional Vendor Member?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no</b> , explain:		
e. Is the course, line, or swing inspected annually by a professional contractor for PRCA or ACCT?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Please provide a copy of your last inspection including your response to any indicated failures.</i>		
f. Is the course, line, or swing secured and inaccessible when unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>
g. How frequently does head of staff go for training and recertification?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other _____		
h. Are all participants required to wear a helmet?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is all safety equipment inspected prior to every use?	<input type="checkbox"/>	<input type="checkbox"/>
j. Describe safety controls in place:		
20. Do you offer climbing activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,		
a. Number of participants annually _____ Number of elements _____		
b. <b>Select Types:</b> <input type="checkbox"/> Indoor Climbing Wall or Tower: Height _____		
<input type="checkbox"/> Outdoor Climbing Wall or Tower: Height _____		
<input type="checkbox"/> Mobile Climbing Unit: Height _____		
<input type="checkbox"/> Other _____		
c. Type of belay system:		
<input type="checkbox"/> Not Applicable ( <i>Free Climb</i> ) <input type="checkbox"/> Automatic Belay <input type="checkbox"/> Other _____		
d. Is a certified climbing/belaying instructor required to be present during climbing?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are climbers required to wear a harness and helmet?	<input type="checkbox"/>	<input type="checkbox"/>
f. Was the wall or tower designed and installed by a licensed, insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does all safety equipment conform to ASTM ( <i>American Society for Testing and Materials</i> ) standards?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is all equipment inspected prior to every use?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are belay system anchors “backed-up”?	<input type="checkbox"/>	<input type="checkbox"/>

**L. Athletic and Recreational Activities *Continued***

**Yes No**

j. Does padded landing surface comply with manufacturer specifications or ANSI (*American National Standards Institute*) standard specification for impact attenuation of surface systems?

Describe padded landing surface and distance from the furthest overhanging point:

k. Is the climbing area secured and inaccessible when unsupervised?

l. Are a first aid kit and a full-time, certified first aid provider present during climbing?

m. Number of climbers or belayers that have been injured in the past year? \_\_\_\_\_

**M. Pools, Saunas, and Water Recreation**

**Not Applicable** **Yes No**

1. Do you own, lease, or operate any swimming pools?

**If yes,**

a. Number of pools on your premises \_\_\_\_\_

b. Do you test to identify swimmers and non-swimmers?

c. If pool is leased, who employs the staff? \_\_\_\_\_  **Not Applicable**

d. Please describe how lifeguards are trained? \_\_\_\_\_  **Not Applicable/No Guards**

e. Are pool rules posted?

**If yes, do the rules include:**

i. No breath holding

ii. Supervision of minors

iii. No diving from pool deck

iv. No life guard on duty

f. Provide information on all pools below. If more than 3 pools, please provide information on an attachment. Complete chart below for each event. If additional space is required, provide information on an attachment.

<b>Provide the following information:</b>	<b>POOL 1</b>		<b>POOL 2</b>		<b>POOL 3</b>	
Size, location and description						
Indicate number of drains						
Indicate shallow-end depth						
Indicate deep-end depth						
How is depth marked (e.g. indication on pool deck, painted markers on bottom, etc)?						
Frequency of depth marking (number of times depth is indicated)						
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Is the pool Indoor?	<input type="checkbox"/>					
Are there suspended ceilings above pool?	<input type="checkbox"/>					
Pool ceilings inspected by outside contractor?	<input type="checkbox"/>					
Date of last inspection:						
Enclosed by "child proof" gate?	<input type="checkbox"/>					
Slip resistant surfacing on pool deck?	<input type="checkbox"/>					

**M. Pools, Saunas, and Water Recreation *Continued***

Provide the following information:	POOL 1		POOL 2		POOL 3	
	Yes	No	Yes	No	Yes	No
Pool chemicals kept in a dry, ventilated, locked storage area?	<input type="checkbox"/>					
Does pool have a pump safety shutoff?	<input type="checkbox"/>					
Always 2 certified lifeguards on duty?	<input type="checkbox"/>					
<b>If yes</b> , indicate stationed location(s):						
<i>* Please complete the professional section for Lifeguards.</i>						
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	<input type="checkbox"/>					
Emergency Phone or other notification system in the pool area with emergency phone numbers posted nearby?	<input type="checkbox"/>					
2. Do you own or operate any hot tubs or whirlpools?					<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,						
a. Number of hot tubs and whirlpools _____						
b. Do all hot tubs or whirlpools have at least 2 drains?					<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a clearly marked emergency pump shutoff switch nearby?					<input type="checkbox"/>	<input type="checkbox"/>
d. Are temperatures always kept at 104° or less?					<input type="checkbox"/>	<input type="checkbox"/>
e. Operated on an automatic timer?					<input type="checkbox"/>	<input type="checkbox"/>
f. Are unsupervised minors prohibited?					<input type="checkbox"/>	<input type="checkbox"/>
g. Are rules posted?					<input type="checkbox"/>	<input type="checkbox"/>
3. Have all pools and hot tubs been equipped with anti-entrapment drain covers or systems?					<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , describe systems installed and date for each pool or spa:						
4. Do you have any diving boards or diving platforms?					<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , number of boards/platforms:						
a. Describe height _____ Water Depth _____						
b. Do you have any high flex boards?					<input type="checkbox"/>	<input type="checkbox"/>
c. Are board entrances secured when not in use?					<input type="checkbox"/>	<input type="checkbox"/>
d. Describe how access is restricted?						
e. Are diving boards equipped with slip resistant surfacing?					<input type="checkbox"/>	<input type="checkbox"/>
f. Are all ladders/stairs equipped with non-skid rubber mats and handrails?					<input type="checkbox"/>	<input type="checkbox"/>
5. Do you own or operate any saunas?					<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , number of saunas _____						
a. Are temperatures monitored?					<input type="checkbox"/>	<input type="checkbox"/>
b. Does sauna have sprinklers inside?					<input type="checkbox"/>	<input type="checkbox"/>

**M. Pools, Saunas, and Water Recreation *Continued***

	Yes	No
c. Does sauna have an observation window?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are unsupervised minors prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you maintain a schedule to inspect sauna wood for safety?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are sauna rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
g. Indicate sauna location: <input type="checkbox"/> Pool Deck <input type="checkbox"/> Locker Room <input type="checkbox"/> Other _____		
6. Do you have any water park playground areas or splash pads?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , number of elements _____		
a. Do you provide stationed supervision?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the water playground or splash pad separated from pool areas?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all slides less than 10 ft in vertical height?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the area enclosed?	<input type="checkbox"/>	<input type="checkbox"/>
e. Describe surfacing and playground elements:		
7. Do you have water slides?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , number of slides _____		
a. Are slide entrances secured when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all slides less than 10 ft in vertical height?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all slide ladders/stairs equipped with non-skid rubber mats and handrails?	<input type="checkbox"/>	<input type="checkbox"/>
d. Slide exit separate from main swimming or pool area?	<input type="checkbox"/>	<input type="checkbox"/>
e. Slide exit into water at least 4 ft deep?	<input type="checkbox"/>	<input type="checkbox"/>
f. Slide exit horizontal to the water and equal to or less than 18 inches from water?	<input type="checkbox"/>	<input type="checkbox"/>
g. Lifeguard dedicated to the slide exit?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the property use any "Brown Water" ( <i>lakes, rivers</i> ) for water recreation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,		
a. How do you identify swimmers? _____		
b. Do you utilize alarming bands?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all non-swimmers required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have water blobs or water trampolines?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please describe the device and safety rules		
a. Number of devices _____		
b. Do you enforce a maximum weight difference of 25lbs per participants?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you enforce only one jumper at a time?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all participants required to wear US Coast Guard approved personal floatation devices (PFDs)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you require two lifeguards for supervision at all times?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you restrict access when not in use?	<input type="checkbox"/>	<input type="checkbox"/>

**M. Pools, Saunas, and Water Recreation *Continued***

	Yes	No
10. Do you offer boating activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> describe the activity and the water location where the activity is held _____		
a. Do you own or operate boats? _____ # boats without motors _____ # motorboats	<input type="checkbox"/> <b>Not Applicable</b>	<input type="checkbox"/>
b. Are all boaters required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you require safety and emergency instruction be reviewed prior to each trip activity?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you prohibit boating or boating activities at night?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are certifications required for your motorboat operators?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> who provides the Certification/training? _____		
11. Do you offer water skiing, wake boarding, knee boarding, water tubing, or similar towing activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Number of participants annually _____		
b. Number of individuals permitted on boat at one time _____		
c. Please describe tow speed controls _____		
d. Do you require a specified observer to be present ( <i>separate from the boat operator</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you offer whitewater boating or rafting activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Number of annual participants _____		
b. Number of boats/rafts you own or operate _____ Number of trips contracted with third party providers _____		
c. Describe whitewater activities including river rating scale or class and number and ages of registrants: _____		
d. Are all boats staffed by an experienced, insured guide?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you require at least one member of the trip to be skilled in life saving techniques?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are all rafters required to wear a helmet and Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all rafters trained on safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>
13. Please indicate any additional water recreational activities offered at any location & number of participants annually:		
<input type="checkbox"/> Canoeing participants	<input type="checkbox"/> Snorkeling participants	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sailing participants	<input type="checkbox"/> Surfing participants	<input type="checkbox"/> Other _____

**N. Special Events**

*(including sponsored or co-sponsored events or fundraisers)*

**Not Applicable**

Yes      No

1. Total number of events _____		
2. Do you work with local authorities for threat assessment prior to the event?	<input type="checkbox"/>	<input type="checkbox"/>
3. Complete chart below for each event. If additional space is required, provide information on an attachment.		
Provide the following information:	EVENT 1	EVENT 2
Name of event		
Date, time and location of event		
Total estimated attendance		

**N. Special Events *Continued***

Provide the following information:	EVENT 1		EVENT 2		EVENT 3	
Gross sales from admissions	\$ _____		\$ _____		\$ _____	
Gross sales from food or non-alcoholic beverage sales	\$ _____		\$ _____		\$ _____	
Gross sales from alcohol sales	\$ _____		\$ _____		\$ _____	
Other gross sales	\$ _____		\$ _____		\$ _____	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Annual event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities at event <i>(use all applicable activity codes from list below)</i>						
<b>Activity Codes</b> <i>(for use above)</i>						
A. Golf outing			H. Aircraft <i>(motorized or not)</i>			
B. Wine tasting			I. Animals			
C. Dinner, gala or picnic			J. Athletic participation			
D. Auction			K. Fireworks sales or show			
E. House or garden tour			L. Haunted house or trail			
F. Fashion or Art Show			M. Inflatable or Non-mechanical amusement <i>*See below</i>			
G. Bingo or Poker			N. Other			
4. Describe all concerts <i>(music types)</i> and event venues:					<input type="checkbox"/> <b>Not Applicable</b>	
5. Describe all amusement devices and controls in place:					<input type="checkbox"/> <b>Not Applicable</b>	
6. Describe all motorized vehicles or motorized equipment:					<input type="checkbox"/> <b>Not Applicable</b>	
7. Provide parade details,					<input type="checkbox"/> <b>Not Applicable</b>	
<b>Level of activity:</b> <input type="checkbox"/> Participation Only <input type="checkbox"/> Sponsor or Co-sponsor						
a. Number of: Floats _____ Horses _____ Participants _____					<b>Yes</b> <b>No</b>	
b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants?					<input type="checkbox"/> <input type="checkbox"/>	
8. Are any of the event activities provided by a third party?					<input type="checkbox"/> <input type="checkbox"/>	
<b>If yes,</b>						
a. Do you require a certificate of insurance from the third party?					<input type="checkbox"/> <input type="checkbox"/>	
b. Are any of the activities under contract with the third party?					<input type="checkbox"/> <input type="checkbox"/>	
9. <b>Liquor or Alcohol Served or Sold</b>					<input type="checkbox"/> <b>Not Applicable</b>	
Gross annual alcohol sales: \$ _____						
Type of alcohol? <input type="checkbox"/> Beer only <input type="checkbox"/> Beer and wine only <input type="checkbox"/> Beer, wine and/or liquor						
a. Type of license you have for sale of alcohol:						

**N. Special Events *Continued***

	Yes	No
<input type="checkbox"/> Permit for event only <input type="checkbox"/> Annual liquor license <input type="checkbox"/> Alcohol served by third party		
b. Is any employee or volunteer of your organization responsible for serving alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
c. What alcohol dispensing controls are in place?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Formal server training ( <i>TIPS/TAPS</i> ) <input type="checkbox"/> Limited # of drink tickets [provide # allotted _____]		
<input type="checkbox"/> Wrist bands identifying >21 <input type="checkbox"/> ID Checked at purchase <input type="checkbox"/> ID Checked at prior to admission		

**O. Media Exposures (*Service brochures, Websites, Social Media, etc.*)**

**Not Applicable**      Yes      No

1. Does your organization:		
Create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.	<input type="checkbox"/>	<input type="checkbox"/>
Sell music or printed materials created, published or produced by someone within your organization.	<input type="checkbox"/>	<input type="checkbox"/>
Air television, radio or internet broadcast segments ( <i>podcasts/logs/etc.</i> ), public service announcements ( <i>PSAs</i> ) or shows.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Do you always obtain written waivers that specifically release your organization from all liability arising from Personal or Advertising Injury, prior to using the likeness of others ( <i>e.g. pictures</i> ) or prior to using the work product of others?	<input type="checkbox"/>	<input type="checkbox"/>
b. Frequency of broadcast segments: <input type="checkbox"/> N/A <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		
c. Describe all media created, produced or published by your organization:		
d. Do you contract with a third party for creation or legal review of any materials?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> describe materials subject to review and type of review:		
e. Does your organization carry any type of media liability insurance ( <i>broadcasters' liability, publishers' liability etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> attach a copy of the declarations page.		

**P. Sale or Distribution of Food or Merchandise (*Including gift shops and cafes.*)**

**Not Applicable**      Yes      No

1. Goods distributed or sold by the organization:		
<input type="checkbox"/> Food <input type="checkbox"/> New merchandise <input type="checkbox"/> Other _____		
2. Food Gross sales \$ _____      Merchandise Gross sales \$ _____		
3. Do you sell any dietary supplements?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Gross sales \$ _____		
b. Do you manufacture or re-label any products as your own?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you want property coverage for stock or merchandise held for sale?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> attach market value for inventory per location and complete a-c.		
a. How often are inventory records updated? _____		
b. Is any stock stored outside of a scheduled building after business hours?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all outdoor dumpsters fenced in with lockable gates to discourage trespassers from rummaging through them, possibly causing themselves injury?	<input type="checkbox"/>	<input type="checkbox"/>

**P. Sale or Distribution of Food or Merchandise *Continued***

**Yes No**

- 5. Do you publish and enforce housekeeping guidelines?  **Yes**  **No**
- If yes, attach copy of housekeeping rules.**
- 6. Are expiration dates of food products monitored?  **Yes**  **No**
- 7. Total number of Single Room Occupancy (SRO) units \_\_\_\_\_
- 8. Do you use insecticide or pesticides?  **Yes**  **No**
- If yes, is application completed by a licensed and insured contractor?**  **Yes**  **No**
- 9. Do you monitor refrigerator system to ensure that temperatures do not fall below acceptable levels?  **Not Applicable**  **Yes**  **No**
- If yes, how do you monitor the temps?** \_\_\_\_\_
- 10. Do you have a backup generator for refrigerator system?  **Not Applicable**  **Yes**  **No**

**Q. Residential or Overnight Housing – All Types**

**Not Applicable** **Yes No**

- 1. Is smoking indoors prohibited?  **Yes**  **No**
- 2. Are all sleeping areas equipped with smoke detectors?  **Yes**  **No**
- 3. Are all sleeping areas equipped with carbon monoxide detectors?  **Yes**  **No**
- 4. Are all sleeping areas equipped with sprinklers?  **Yes**  **No**
- 5. Are portable heaters permitted in any buildings?  **Yes**  **No**
- 6. Do you prohibit acceptance of residents who have been convicted of a violent or sexual crime?  **Yes**  **No**

7. Types of housing provided

Type of Clients	No. of Clients	Type of Clients	No. of Clients
Half-way house or Transitional Housing		Subsidized Housing ( <i>Provide REAC</i> )	
Independent living		Temporary Housing	
Shelter – homeless or battered families		Other ( <i>specify</i> ) _____	
Shelter – victims of sexual abuse		Other ( <i>specify</i> ) _____	

**Completed by** \_\_\_\_\_

**Date Completed** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_