

# May - Risk Management Reports

## 1. Instructions

This report should reflect information and programming which occurred since January.

Notes:

1. All questions with asterisks (\*) require a response. All blanks or checkboxes part of a question must be completed to move on to the next section.
2. You can use the TAB key to help move through the questions.
3. The report can only be submitted once from each computer/system. It records the IP address from which the report is sent. So, if you would like to make corrections or complete part of the report and return to it later, you MAY be able to do so from the same computer. (SUGGESTION: Complete 1 or 2 questions, close browser, click on link again to see if your partially completed report pops up. If not, you should complete report in one sitting.)

### 1. Chapter Name

### \* 2. Region:

### 3. Please enter the following information for the spring Risk Management Chairman

Name:

Email:

Phone:

### 4. Do you have a chapter facility of any type - house, floor on a resident hall, suite, etc.?

Yes

No

# May - Risk Management Reports

## 2. RM4 Information

5. Please indicate YES or NO for the following Chapter Facilities Inspection. If you do not have a facility which would apply to that area, please select NA.

	Yes	No	N/A
General interior and exterior housekeeping good	jn	jn	jn
Storage areas neatly arranged with good access	jn	jn	jn
Floors and walls clean throughout	jn	jn	jn
Combustible trash removed from building daily	jn	jn	jn
All halls are free from obstructions	jn	jn	jn
All halls are well lighted	jn	jn	jn
All stair steps and wells have secure banisters and railings	jn	jn	jn
Roof coverage in good condition with no leaks	jn	jn	jn
All interior and exterior walls in good condition	jn	jn	jn
All interior and exterior doors and windows in good condition	jn	jn	jn
All fire doors between floors marked as such and kept locked	jn	jn	jn
All circuits are correctly fused	jn	jn	jn
All covers are in place and not broken	jn	jn	jn
Date of last electrical inspection	jn	jn	jn
All located in separate rooms	jn	jn	jn
All doors to rooms completely closed	jn	jn	jn
All rooms free of combustible materials	jn	jn	jn
All covers to equipment in place	jn	jn	jn
Last equipment inspection	jn	jn	jn
Allowed in designated places only	jn	jn	jn
Butts collected in metal container	jn	jn	jn
Are there manual fire alarm pull boxes in all halls	jn	jn	jn
Is there a smoke detector in each room	jn	jn	jn
Are batteries changed every 6 months	jn	jn	jn
If sprinkler systems are in place, are they inspected bi-annually	jn	jn	jn
Is there at least one extinguisher on each floor	jn	jn	jn
Are there extinguishers in the kitchen	jn	jn	jn
Is there an extinguisher in the laundry room	jn	jn	jn
Are the extinguisher locations clearly marked	jn	jn	jn
Are the extinguishers checked monthly	jn	jn	jn
Are all extinguishers inspected and serviced by an outside contractor yearly	jn	jn	jn
Date of last contractor inspection	jn	jn	jn
Is all cooking equipment located under a hood	jn	jn	jn
Is the entire hood and ductwork system cleaned twice a year	jn	jn	jn
Date of last cleaning	jn	jn	jn
Is there an extinguishing system protecting all cooking equipment	jn	jn	jn
Plumbing in good condition with no leaks	jn	jn	jn

# May - Risk Management Reports

Gas sprinkler system been checked in the last few months	jn	jn	jn
Are lint filters cleaned after each load	jn	jn	jn
Are areas behind dryers free of lint	jn	jn	jn
Is there a practice fire drill every semester	jn	jn	jn
Has the campus fire marshal inspected the building this semester	jn	jn	jn
Has the city/town fire marshal inspected the building this semester	jn	jn	jn

6. Please explain NO answers from above:

# May - Risk Management Reports

## 3. RM7 Information

7. Please indicate Yes or NO for the following:

	Yes	No
Policy and Procedures Acknowledgement form (RM1) was submitted for all <u>New Members</u> from the spring.	jn	jn
I conducted the housing self-inspection.	jn	jn

8. My chapter's fire drill was conducted on (one fire drill must be conducted per semester):

9. If you did NOT have a fire drill, please explain.

Chapter Alcohol Program:

- Program should focus on Tri Sigma's alcohol policy
- Should feature a guest from a local law enforcement agency detailing the local laws and penalties for driving under the influence, minor in possession, and other crimes associated with drinking and underage drinking.
- And topics as outlined in the Social Event Tutorial
- One program required per semester

10. My chapter's risk management alcohol education program information:

Name and title of Law enforcement officer present:

Date of program presentation:

Percent of Chapter Present for Alcohol Education Program:

11. For events held since January:

How many social events with alcohol were planned and hosted?

How many sisterhood events were planned and hosted?

How many non-alcohol social events (events with another group or organization) were planned and hosted?

\* 12. A review of the Alcohol Policies should occur before each event. Please list the dates for the review and the date of the corresponding social event

13. Risk Management issues occur in every chapter. What are the risk management issues that your chapter is facing and how can the Risk Management Department make facing them easier?

# May - Risk Management Reports

## 4. Report Complete!

\* 14. Is this report complete and ready for submission?

Yes

No