

# MEETING PLACE INSPECTION

## Checklist

### For Packs, Troops, Teams, and Posts

BOY SCOUTS OF AMERICA

Unit No. _____
Meeting night _____
Name of organization _____
Location _____
District _____

**NOTE TO INSPECTORS:** A responsibility of the unit's chartered organization is to provide adequate meeting facilities. Unit committee members should make the inspection. Findings should be shared with the head of the institution, and plans should be made to correct hazards if any are found.

#### THE BUILDING

Name \_\_\_\_\_ Address \_\_\_\_\_

Construction: frame  brick  metal  other \_\_\_\_\_

Type of roofing: shake  composition  metal  other \_\_\_\_\_

Type of heating plant: gas  oil  wood  electric  other \_\_\_\_\_

Meeting room location: basement  ground  above first floor

Telephone location: \_\_\_\_\_ Accessible yes  no  Emergency numbers posted yes  no

#### THE ROOM

YES	NO		YES	NO	
_____	_____	Large enough?	_____	_____	Adequate lighting?
_____	_____	Well heated? (between 62°F and 70°F)	_____	_____	Hand-washing facility?
_____	_____	Well ventilated?	_____	_____	Clean toilet facility?
_____	_____	Dry?	_____	_____	Sanitary drinking facility?
_____	_____	Clean?	_____	_____	Emergency flashlights on hand?
_____	_____	Windows in good condition?	_____	_____	First aid kits on hand?
_____	_____	Floor in good condition?			

#### EXITS

YES	NO		YES	NO	
_____	_____	Two or more emergency exits available?	_____	_____	Exit signs installed?
_____	_____	Unlocked and easily accessible?	_____	_____	Exit signs lighted?
_____	_____	Sufficiently far apart?	_____	_____	All doors swing out?
_____	_____	Crash bar on doors?			

#### IF ROOM IS ABOVE FIRST FLOOR:

YES	NO		YES	NO	
_____	_____	Close to stairs (less than 100 feet)?	_____	_____	Carpet or treads secure?
_____	_____	Doors and stairs unobstructed, litter free?	_____	_____	Stairway enclosed?
_____	_____	Stairs in good repair?	_____	_____	Enclosures fitted with fire doors?
_____	_____	Handrail provided?	_____	_____	Outside fire escape installed?
_____	_____	Stairway lighted?	_____	_____	Fire escape in good repair?
_____	_____	Wide enough for two persons?	_____	_____	Fire escape used for fire drills?

### FIRE PROTECTION

YES	NO		YES	NO	
_____	_____	Portable extinguisher available and properly located?	_____	_____	Heating system inspected within a year?
		Extinguisher is suitable for the following types of fires:	_____	_____	Walls, ceilings, floors protected from stoves or pipes overheating?
_____	_____	A. Ordinary combustibles	_____	_____	Open fireplaces protected by screens?
_____	_____	B. Flammable liquids	_____	_____	Electric wiring, switches, extension cords in good repair?
_____	_____	C. Electrical equipment	_____	_____	Accessible telephone in building?
_____	_____	Extinguisher ready for use? (should be tagged to show inspection within 1 year)	_____	_____	Fire department number posted?
_____	_____	Any hazard from rubbish or flammable material?	_____	_____	Location of nearest fire alarm known to all members?
_____	_____	Any hazard from oily rags or mops? (spontaneous combustion)	_____	_____	Alarm procedure taught to members?
_____	_____	Smoke alarm system installed and tested?	_____	_____	

### FIRE DRILL

YES	NO		YES	NO	
_____	_____	Has the unit an organization plan for conducting fire drills?	_____	_____	Are members able to evacuate building if filled with smoke or if lights go out?
_____	_____	Is a fire plan posted on the unit bulletin board?	_____	_____	Do training drills include use of alternate exits?
_____	_____	Are fire evacuation drills practiced frequently?	_____	_____	Are members trained in home firesafety plan and exit drill?
_____	_____	Was a drill demonstrated or taught to members at inspection time?			

### RECOMMENDATIONS

Write your detailed recommendations below (or on a separate sheet attached to this report.) Please note any other conditions which are hazardous to health, personal safety, or firesafety.

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*INSPECTORS' SIGNATURES* \_\_\_\_\_

\_\_\_\_\_

Date of inspection \_\_\_\_\_ Unit leader in attendance \_\_\_\_\_ name \_\_\_\_\_

### CHARTERED ORGANIZATION RECORD

Did the chartered organization representative participate in the inspection? Yes  No

Report reviewed by:

\_\_\_\_\_

chartered organization representative
head of organization
unit committee

Action taken: \_\_\_\_\_

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