



RISK CONTROL SURVEY

*Corrective Action Needed

If Not Applicable, Draw Line Through Yes/No Choice

Name of Association: _____

Location: _____

Survey Completed by: _____ (Manager)

Date of Visit: _____

LIGHTING:

- Yes No* 1. Is lighting adequate, check lighting patterns?
 2. Are all lights in working order & covered:
 Yes No* A. Street
 Yes No* B. Parking Area
 Yes No* C. Buildings
 Yes No* D. Foyers/Hallways/Stairwells
 Yes No* E. Basement/Storage Areas
 Yes No 3. Are time clocks & photo sensors working properly?
 Yes No* 4. Check for exposed wires.
 Yes No 5. Has there been corrective action taken?

Comments:

DUMPSTER AREA:

- Yes No* 1. Clear of debris?
 Yes No* 2. Is fencing properly secured?
 Yes No* 3. Is dumpster kept in an enclosed area?
 Yes No* 4. Is area lighting adequate?
 Yes No* 5. Is signage in place?
 Yes No* 6. Are dumpsters kept closed and lids maintained for cleanliness and safety?

Comments:

SIDEWALKS:

- Yes* No 1. Are there any raised areas?
 Yes* No 2. Are there any cracks?
 Yes* No 3. Any other Trip/Fall hazards?
 Yes No 4. Is quick action taken when complaint is received to prevent further damage or legal action?

Comments:

ROADWAYS/PARKING AREAS:

- Yes* No 1. Any potholes?
 Yes* No 2. Any loose curbing?
 Yes* No 3. Other Trip/Fall hazards?
 Yes No* 4. Are parking rules followed/enforced?
 Yes No* 5. Is there emergency vehicle access?
 Yes No* 6. Examine parking lot design for blindspots/hazards.
 Yes No* 7. Are lane markings/lines clear?
 Yes No* 8. Is designated handicapped parking properly marked?
 Yes No* 9. Are speed bumps in place to minimize vehicle speed?
 Yes No* 10. Sufficient drainage for surface/runoff water?
 Yes No 11. Are splash blocks in good repair?

Comments:

ENTRANCEWAYS:

- Yes No* 1. Are handrails secure?
 Yes No* 2. Are steps in good condition?
 Yes No* 3. Are entranceways clear of obstacles?
 Yes No 4. Is salt/sand kept at entranceways?
 Yes No 5. Are carpets in good condition?
 Yes No 6. Is lighting in area adequate?
 Yes No 7. Are smoke detectors working?
 Yes No 8. Do stairs have abrasive/traction?

Comments:



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GENERAL MAINTENANCE:

- | | | |
|-----|----|------------------------------------------------------------------|
| Yes | No | 1. Are the grounds clear of obstacles? |
| Yes | No | 2. Any damage to buildings? |
| Yes | No | 3. Is fencing in good condition? |
| Yes | No | 4. Does proper drainage/grading exist? |
| Yes | No | 5. Are gutters/leaders in good repair? |
| Yes | No | 6. Are all hazardous materials properly stored? |
| Yes | No | 7. Is property inspected for possible sink hole condition? |
| Yes | No | 8. Are all trees trimmed and kept clear of low hanging branches? |
| Yes | No | 9. Date of last annual boiler inspection/cleaning? |

BALCONIES/PATIOS/DECKS:

- | | | |
|------|-----|--------------------------------------------|
| Yes | No* | 1. Are railings secure? |
| Yes | No* | 2. Are balconies, etc. clear of obstacles? |
| Yes* | No | 3. Are grills permitted? |
| Yes | No* | 4. Are footers, posts, & beams stable? |
| Yes | No | 5. Are there any cracks in patio areas? |
| Yes | No | 6. Is decking free of cracks or splinters? |

Comments:

PLAYGROUNDS:

- | | | |
|-----|-----|---------------------------------------------------|
| Yes | No* | 1. Equipment in good condition? |
| Yes | No* | 2. Sharp/pointy edges or pinch points? |
| Yes | No* | 3. Ground surface adequately maintained? |
| Yes | No | 4. Are rules and regulations posted and enforced? |
| Yes | No | 5. Is area kept secure? |
| Yes | No* | 6. Area free of debris? |

Comments:

FIREPLACES:

- | | | |
|-----|-----|---------------------------------------------------------------------|
| Yes | No* | 1. Are annual inspections performed? |
| Yes | No* | 2. Is safety material mailed regarding fireplace use to all owners? |
| Yes | No* | 3. Is the use of fire extinguishers in units recommended to owners? |
| Yes | No | 4. Are wood/fuel storage rules communicated/enforced? |

Comments:

CLUBHOUSE:

- | | | |
|------|-----|-----------------------------------------------------|
| Yes | No* | 1. Free of Trip/Fall hazards? |
| Yes | No* | 2. Fire extinguishers? |
| Yes | No* | 3. Proper exit signage posted? |
| Yes* | No | 4. Exits impeded? |
| Yes | No* | 5. Rules and regulations posted? |
| Yes | No* | 6. Rental agreements in place and utilized? |
| Yes | No | 7. Liquor served in clubhouse? |
| Yes | No | 8. Are all outlets covered? |
| Yes | No | 9. Are mechanical rooms secured and free of debris? |

Comments:

LAKES/PONDS/STREAMS:

- | | | |
|-----|-----|--------------------------------------------------------------|
| Yes | No* | 1. Does standing water appear to have a build up of residue? |
| Yes | No* | 2. Are crossing structures sound and well maintained? |
| Yes | No | 3. Is proper signage posted? |
| Yes | No | 4. Is inlet/outlet properly maintained? |

Comments:



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POOLS/SWIMMING AREA:

- | | | |
|-----|-----|-----------------------------------------------------------|
| Yes | No* | 1. Water quality tested? |
| Yes | No* | 2. Rules posted and enforced? |
| Yes | No* | 3. Depth markings (inside & out)? |
| Yes | No* | 4. Lifeguard present when pool opens? |
| Yes | No* | 5. Fence locked when pool closed? |
| Yes | No* | 6. In compliance with NJ Bathing Code? |
| Yes | No* | 7. Are No Diving signs posted? |
| Yes | No | 8. Is decking free of slip and fall hazards? |
| Yes | No | 9. Is pool furniture in good repair? |
| Yes | No | 10. Are bathroom floors slip proof? |
| Yes | No | 11. Is all safety equipment in place? |
| Yes | No | 12. Are emergency numbers posted and emergencies planned? |
| Yes | No* | 13. Is a phone working? |
| Yes | No | 14. Are pool maintenance logs being kept? |
| Yes | No | 15. NO Hazardous Materials (i.e. glass bottles)? |
| Yes | No | 16. NO Alcohol Sign Posted? |

Comments:

ROOF:

- | | | |
|------|-----|-----------------------------------------------------------|
| Yes* | No | 1. Are there any visible dark areas, blisters or bubbles? |
| Yes* | No | 2. Does water visibly sit/pool? |
| Yes* | No | 3. Are there soft areas in the caulking? |
| Yes | No* | 4. Date of last annual inspection? |
| Yes | No* | 5. Are gutters inspected regularly? |

Comments:

COMMERCIAL AUTO:

- | | | |
|-----|-----|-----------------------------------------------|
| Yes | No* | 1. MVR's on all drivers annually? |
| Yes | No* | 2. Vehicle maintenance program? |
| Yes | No* | 3. Written documentation of program? |
| Yes | No | 4. Are periodic inspections of vehicles made? |

Comments:

SERVICES/CONTRACTS:

Minimum of \$1,000,000 in General Liability for all major subcontractors.

- | | | |
|-----|-----|----------------------------------------------------------------------------------|
| Yes | No* | 1. Snow Removal |
| Yes | No* | 2. Landscaping |
| Yes | No* | 3. Pool Service |
| Yes | No* | 4. Garbage |
| Yes | No* | 5. Roof Repair |
| Yes | No* | 6. Painting |
| Yes | No* | 7. Electrical |
| Yes | No* | 8. Does landscaper have coverage for the application of herbicides & pesticides? |
| Yes | No* | 9. Does the pool contractor have a CPO license? |
| Yes | No* | 10. Do contractors provide detailed scope of work? |
| Yes | No* | 11. Do contracts contain indemnification clause? |
| Yes | No* | 12. Are emergency numbers available? |
| Yes | No* | 13. Are contractors property licensed? |
| Yes | No* | 14. E&O on Professional contracts? |

NOTE: No less than \$500,000 General Liability for any other contracts.

Comments:

OVERALL

- | | | |
|-----|----|---------------------------------------------------------------|
| Yes | No | 1. Are education opportunities provided for unit owners? |
| Yes | No | 2. Is a newsletter on the latest safety ideas sent to owners? |
| Yes | No | 3. Are fire protection systems functional in common areas? |
| Yes | No | 4. Overall housekeeping adequate? |
| Yes | No | 5. Are skateboarding/rollerblading prohibited? |

Comments:

