Theta Tau
Facility Inspection Report

House Corporations should use this document to report in a written and more detailed manner to communicate effectively as to the condition of the chapter house. The designated House Corporation officer should walk-thru the house periodically with this report in hand. Hardcopy should be retained by the House Corporation for future reference and copy given to the chapter's House Manager or Regent so that positive results can be recognized and shortcomings corrected.

This report helps maintain the House Corporation's most valuable asset (the house) and helps reduce the potential harm to the Chapter's most valuable asset (our Brothers) due to a risk management incident.

HOUSEKEEPING & STORAGE AREAS	YES	NO
General interior and exterior housekeeping good	___	___
Storage rooms neatly arranged with good access	___	___
Floors and walls clean throughout	___	___
Trash Cans emptied daily	___	___

HALLS	YES	NO
All halls are free from obstructions	___	___
All halls are well-lit	___	___
All stairwells and steps have secure banisters/railings	___	___

BUILDING/GROUNDS MAINTENANCE	YES	NO
Snow/ice removed from walk and driveway as necessary	___	___
Grass cut and shrubs trimmed regularly	___	___
Roof covering in good condition with no known leaks	___	___
All interior and exterior walls in good condition	___	___
All interior and exterior doors and windows in good condition	___	___
All fire doors between floors marked as such and kept locked	___	___

ELECTRICAL SYSTEM	YES	NO
All circuits correctly fused	___	___
All covers in place with none broken	___	___
No multiple plug/appliances policy in force and posted	___	___
Date of last electrician inspection	___	___

PLUMBING SYSTEM	YES	NO
Any known leaks	___	___
Has sprinkler system been checked in last six months?	___	___

FURNACE & HOT WATER HEATERS	YES	NO
Furnace room should be free of all furniture, debris, storage, etc	___	___
All located in separate rooms	___	___
All doors to rooms close completely	___	___
All rooms free from combustible materials	___	___
All covers on equipment in place	___	___
Equipment inspected within last year by contractor?	___	___

SMOKING	YES	NO
Allowed in safe locations only	___	___
Is there a "no smoking in bed" rule?	___	___
Ashtrays with large lips used	___	___
Butts collected in metal container	___	___

SMOKE DETECTION & FIRE ALARM SYSTEM	YES	NO
Are there manual fire alarm pull boxes in all halls?	___	___
Is there a smoke detector in each room?	___	___
If smoke detectors are battery-operated, are batteries changed every six months?	___	___
Date of last battery change?	_____	
If a hard-wired system, is it tested monthly by a responsible person and serviced twice annually by an outside contractor?	___	___
Date of last monthly test	_____	
Date of last contractor inspection	_____	

FIRE EXTINGUISHERS	YES	NO
Is there at least one extinguisher on each floor?	___	___
Are there extinguishers in the kitchen?	___	___
Is there an extinguisher in the laundry room?	___	___
Are extinguisher locations accessible and clearly marked?	___	___
Does a responsible person make sure all extinguishers are in place and completely charged every month?	___	___
Are extinguishers inspected and serviced by an outside contractor yearly?	___	___
Date of last yearly contractor inspection	_____	

KITCHEN & COOKING	YES	NO
Is all cooking equipment located under a hood?	___	___
Is entire hood and ductwork system cleaned twice a year?	___	___
Date of last cleaning	_____	
Are removable hood grease filters run through the dishwasher daily?		___
Is there an extinguishing system protecting all cooking equipment?	___	___
Is the extinguishing system serviced twice a year by an outside contractor?		___
Date of last service	_____	

LAUNDRY ROOM	YES	NO
Are lint filters cleaned after each load?	___	___
Are areas behind and beneath dryers free of lint?	___	___

FIRE DRILLS	YES	NO
Is there a practice fire drill every six months?	___	___
Date of last drill	_____	

INSPECTION	YES	NO
Has campus fire marshal inspected building within last six months?		___
Has city/town fire department inspected building within last six months?	___	___

GENERAL

Explain any "No" answers from above.

Explain corrective action taken.

	YES	NO
Have all deficiencies from previous reports been corrected?	___	___

Additional Comments or Needs not addressed by this form.

Signature and title of person doing inspection _____

Name/title of person reporting _____ Date reported _____

Phone Number: _____ Email Address: _____