

# MEETING PLACE INSPECTION

## Checklist

### For Packs, Troops, Teams, and Crews

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? |
| _____ | _____ | Stair handrail provided?                    | _____ | _____ | Outside fire escape installed?     |
| _____ | _____ | Stairway lighted?                           | _____ | _____ | Fire escape in good repair?        |
| _____ | _____ | Stairs 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 one 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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