

**LOSS CONTROL SURVEY - CITIES, COUNTIES,
AND SPECIAL SERVICE DISTRICTS
GENERAL QUESTIONNAIRE**

Member: _____ Date: _____

Address: _____ Telephone: _____

Member Representative: _____ Title: _____

Coverages: Liability Property Auto W/C Bonds
 Medical Dental Vision Life Airport

<u>Department (check if applicable)</u>	<u>Supervisor</u>	<u>Email Address</u>
<input type="checkbox"/> Administration (pg 2-3)	_____	_____
<input type="checkbox"/> Airport (pg 4)	_____	_____
<input type="checkbox"/> Ambulance (pg 5)	_____	_____
<input type="checkbox"/> Animal Control (pg 6)	_____	_____
<input type="checkbox"/> Cemetery (pg 7)	_____	_____
<input type="checkbox"/> Dams/Retention (pg 8)	_____	_____
<input type="checkbox"/> Electric (pg 9)	_____	_____
<input type="checkbox"/> Fair/Rodeo (pg 10)	_____	_____
<input type="checkbox"/> Fire (pg 11)	_____	_____
<input type="checkbox"/> Fleet Management (pg 12)	_____	_____
<input type="checkbox"/> Golf Course (pg 13)	_____	_____
<input type="checkbox"/> Hospitals (pg 14)	_____	_____
<input type="checkbox"/> Mosquito Abatement (pg 15-16)	_____	_____
<input type="checkbox"/> Natural Gas (pg 17)	_____	_____
<input type="checkbox"/> Parks/Recreation (pg 18)	_____	_____
<input type="checkbox"/> Police/Sheriff (pg 19)	_____	_____
<input type="checkbox"/> Senior Citizens (pg 20)	_____	_____
<input type="checkbox"/> Solid Waste (pg 21-22)	_____	_____
<input type="checkbox"/> Streets/Roads (pg 23)	_____	_____
<input type="checkbox"/> Swimming Pools (pg 24-25)	_____	_____
<input type="checkbox"/> Waste Water (pg 26)	_____	_____
<input type="checkbox"/> Water (pg 27)	_____	_____

GENERAL ADMINISTRATION (to be filled out by all agencies)

1. Number of Employees with your agency: Full time: _____ Part time: _____
2. Are all buildings and vehicles insured? Yes__ No__
3. Do you have Course of Construction coverage (Builders' Risk) for any new buildings or facilities? Yes__ No__
4. Are all contracts referred to an attorney for review? Yes__ No__
5. Are Certificates of Insurance, Hold Harmless Agreements/Indemnification Agreements, and Additional Insured Agreements required from all contractors doing business with your agency? Yes__ No__
6. Are new employees' Motor Vehicle Records (MVRs) checked, background / references checked, and physical / medical records reviewed prior to hiring? Yes__ No__
7. Are there written Job Descriptions for all employees? Yes__ No__ Is safety evaluated as part of the employees' and managers' performance evaluation? Yes__ No__
8. Do you have a current written Personnel Policies and Procedures Manual? Yes__ No__ Do you have current written Safety Policies? Yes__ No__ Do you maintain documentation of employee training on the manuals? Yes__ No__
9. Do you have policies requiring seat belt use, passenger limitations, and accident reporting and investigation systems in place? Yes__ No__
10. Does your agency document complaints and respond to potential liability issues from citizens in a timely manner? (i.e., signs down, pot holes, bad sidewalk, obstructed view intersection, etc.) Yes__ No__
11. Does your agency call to determine location of underground utilities prior to digging? Yes__ No__

GENERAL SAFETY (to be filled out by all agencies)

12. List the person responsible for safety and/or risk management: _____
13. Are accident investigations conducted on vehicle accidents and personnel injuries (workers compensation claims)? Yes__ No__ Is someone assigned to correct the cause? Yes__ No__ Is the insurance carrier notified immediately and forms filled out and sent to the insurance agency within 24 hours? Yes__ No__ Are copies of the accident reports and pertinent documents kept in the files? Yes__ No__

14. Does your agency provide safety training for all employees? Yes__ No__ Does this include back injury prevention, defensive driving, seat belt use, and authorized passengers? Yes__ No__ Does your agency conduct safety training meetings? Yes__ No__ Is this training documented? Yes__ No__
15. Does your agency verify driver licenses and annually review MVRs for all agency drivers? Yes__ No__ Are these MVRs kept in the agency files? Yes__ No__
16. Does your agency provide a drug and alcohol testing program for employees with CDL Licenses? Yes__ No__ How many drivers have CDLs? _____
17. Is all maintenance or service performed on agency vehicles and motorized equipment documented in written form and kept in the files? Yes__ No__
18. Does your agency own property adjacent to railways/railway crossings? Yes__ No__
19. Are fire extinguishers installed in all member buildings? Yes__ No__ Are fire extinguishers in all primary pieces of equipment? Yes__ No__ Does your agency have a system to service fire extinguishers on an annual basis? Yes__ No__
20. Have elected officials and administrators received training in Land Use? Yes__ No__
21. Does your agency have a plan for funding of Capital Improvements? Yes__ No__ Are your sidewalk survey inspection findings recorded? Yes__ No__
22. Does your agency perform fireworks presentations (i.e., 4th of July)? Yes__ No__ Do employees receive training and are certified as pyro-technicians? Yes__ No__
23. Does your agency sponsor special events? Yes__ No__ If yes, do you purchase "special events liability coverage"? Yes__ No__

AIRPORT

1. Does your agency own the airport? Yes__ No__ How many employees?_____
2. Do you have specific airport liability insurance? Yes__ No__
3. Do you lease the operation of the airport? Yes__ No__ Do you have a hold harmless agreement and a certificate naming your agency as an additional insured? Yes__ No__
4. Do you operate any type of air traffic control in connection with the airport/landing strip? Yes__ No__
5. Is there a maintenance schedule for runway, taxi-ways, ramps? Yes__ No__
6. Do you store/sell/dispense fuel at the airport/landing strip? Yes__ No__ Are the tanks above or below ground? Above__ Below__
7. Do you have written interlocal agreements with any agencies separate from the airport providing emergency response or assistance? Yes__ No__ Are these entities familiar with the airport property & their expectations? Yes__ No__
8. Is the airport property completely fenced? Yes__ No__

AMBULANCE SERVICE

1. Agency's service area _____ Is the operation staffed 24 hours a day, 7 days a week? Yes__ No__
2. Does your agency have a policies and procedures manual? Yes__ No__
3. How many ambulances are operated? _____ Is there a policy on speed? Yes__ No__ Are treatment and dispatch records kept? Yes__ No__
4. Are vehicle operations defined in the policies manual? Yes__ No__
5. How many hours of training per year is required? _____
6. Are drivers' licenses and Department of Motor Vehicle (DMVs) records checked yearly? Yes__ No__
7. Are vehicle maintenance records kept on file? Yes__ No__
8. Is there a directive which defines when to use lights, sirens, just lights, and no lights? Yes__ No__
9. When transporting a patient or injured person, is tie-down always required? Yes__ No__
10. Is equipment cleaned/sanitized after each use? Yes__ No__
11. Is there a policy which defines who can ride with the injured person? Yes__ No__
12. Are all EMTs Certified? Yes__ No__ Are certifications on file? Yes__ No__
13. Does your agency have a drug checking policy? Yes__ No__
14. Is training provided for lifting, confined space rescue, and trenching rescue? Yes__ No__
15. Has blood borne pathogen/infections control training been provided? Yes__ No__
16. Are gloves, face shields, masks, mouth shields, and sharps disposal containers provided? Yes__ No__ Are Hepatitis B and TB tests provided? Yes__ No__
17. Have all drivers attended Defensive Driving training within the last two years? Yes__ No__

ANIMAL CONTROL

1. Number of Employees: _____ Number of vehicles used for collection: _____
2. Does your agency have an animal control ordinance? Yes__ No__
3. What classification level are your animal control officers? _____ Are your officers P.O.S.T. certified? Yes__ No__
4. Are employees trained in the proper use of safety equipment? Yes__ No__ Is the training documented? Yes__ No__
5. Are Animal Control Officers trained before being allowed to work? Yes__ No__
6. Are your officers instructed **not** to enter private homes? Yes__ No__
7. Does your shelter hold animals at least 3 working days as per state law? Yes__ No__
8. Are your officers required to have rabies shots? Yes__ No__ Do employees who refuse sign a declination form? Yes__ No__
9. Are the agency officers trained in chemical immobilization? Yes__ No__
10. Are records kept on animals housed? Yes__ No__
11. Are the animal holding cages cleaned at least daily? Yes__ No__
12. Are the animal cages:
Structurally sound Yes__ No__ Cage bottoms sealed against rodents Yes__ No__
Floors concrete Yes__ No__ Petition sealed on adjoining sides Yes__ No__
Floors sloped to drain Yes__ No__ Floors sealed with epoxy paint Yes__ No__
13. What is the method of euthanasia? _____
14. Have the employees been trained and understand the method and effects of euthanasia? Yes__ No__
15. Are employees required to see a health professional following bites from animals whose vaccination history is unknown? Yes__ No__
16. Are weapons carried in animal control vehicles (22 rifle)? Yes__ No__

CEMETERY

1. Number of Employees: _____
2. Are two people present when digging graves? Yes__ No__
3. If the agency digs up a corpse, is personal protective equipment (PPE) worn including coveralls, gloves, and rubber boots? Yes__ No__ Discard the PPE upon completion.
4. Are open grave sites covered/guarded at all times when crews are not working?
Yes__ No__
5. Do you use shoring/trenching devices when workers enter trenches/graves deeper than five (5) feet? Yes__ No__
6. Are buildings, maintenance equipment, and storage areas fenced and locked?
Yes__ No__
7. Are grounds free of hazards such as holes, high sprinkler heads, or other obstacles which could cause falling or tripping accidents? Yes__ No__
8. Are trees checked for low hanging branches and dead limbs? Yes__ No__
9. Are detailed plot maps kept and updated regularly? Yes__ No__
10. If a backhoe is used to dig the graves, is it being operated by an experienced operator or an insured contractor? Yes__ No__

DAMS/WATER RETENTION

- 1. Number of Employees: _____
- 2. How many dams/water retention bodies of water do you have? _____

What are the identification designations? Specify the last time each unit was state inspected.

a) _____

b) _____

- 3. Are any dams/water retention ponds located above residential/commercial property?
Yes__ No__
- 4. Are outlet structures (grates) checked and cleaned on a regular basis? Yes__ No__
- 5. Does your agency clean and maintain irrigation ditches, canals and streams?
Yes__ No__ If Yes, is this documented? Yes__ No__

ELECTRIC DEPARTMENT

1. Number of employees? _____ Number of vehicles? _____
2. Do you document public complaints and have a follow-up system? Yes__ No__
3. Do you generate electricity? Yes__ No__ What is your energy source? _____
4. Approximately how many meters? _____
5. Does the department hold safety meetings? Yes__ No__
Is this documented? Yes__ No__
Do you conduct ongoing training programs for all assigned employees? Yes__ No__
6. Is there a power pole & line inspection program? Yes__ No__ Is this documented?
Yes__ No__
7. Are electrical workers certified in Cardiopulmonary Resuscitation (CPR)? Yes__ No__
8. Are electric substations enclosed by an eight (8) foot high chain link fence, with a gate which is locked at all times? Yes__ No__
9. Are vehicles equipped with adequate warning lights/back-up alarms, first aid kits, and fire extinguishers? Yes__ No__
10. Are aerial bucket liners and booms electrically tested and load-tested at intervals of six (6) months to a year, depending on use? Yes__ No__
11. Is proper PPE equipment provided (hard hats, eye protection, rubber/leather gloves, sleeves, non-conductive clothing, ear plugs, body harness)? Yes__ No__
12. Are rubber goods tested at least every 6 months and gloves every 3 months?
Yes__ No__
13. Are wheel chocks used on aerial vehicles when working on inclined surfaces?
Yes__ No__
14. Are outriggers always in the lowered position when the aerial bucket is in use?
Yes__ No__
15. Is it required that only trained employees with adequate supervision be allowed to work on energized lines? Yes__ No__
16. Is adequate lighting available for night use? Yes__ No__
17. Are workers trained in OSHA's Control of Hazardous Energy Sources (lockout/tag out) standard (29 CFR 1910.147)? Yes__ No__
18. Does your agency have an ongoing tree trimming program, which gives priority to residential areas? Yes__ No__
19. Is a check made of underground residential distribution transformers to insure the transformer enclosure is locked? Yes__ No__ Is this documented? Yes__ No__
20. Does the department have any transformers with Poly-Chlorinated-Biphenols (PCBs)?
Yes__ No__ If Yes, are these transformers discarded properly as hazardous waste?
Yes__ No__ Are all hazardous waste shipments documented? Yes__ No__
21. Are you a member of UAMPS, UMPA, or other? _____

FAIR/RODEO

1. Do you own the fair/rodeo grounds? Yes__ No__ If Yes, is the facility fully fenced and kept locked when not in use? Yes__ No__ What is the seating capacity? _____
How many employees are assigned to Fair/Rodeo grounds? _____
2. Approximately how many times a year are the facilities used? _____
What kind of events? _____
3. When you rent, lease, or allow other entities to use the fair/rodeo grounds, do you require them to sign a Hold Harmless / Indemnification Agreement and obtain insurance coverage listing your member as an additional insured? Yes__ No__ Do you keep copies of these documents on file? Yes__ No__
4. Are logs kept of when facilities are used? Yes__ No__ If Yes, does it clarify who is using it? Yes__ No__
5. Is there a maintenance schedule in place for facilities? Yes__ No__ If Yes, does it show things that were repaired or replaced, and by whom? Yes__ No__
6. Does the rodeo/race track areas have appropriate signing warning users of the potential dangers? Yes__ No__
7. Is the rodeo arena free from protruding objects, nails, boards, gate latches, and small diameter posts? Yes__ No__
8. Do you have special event coverage during events? Yes__ No__
9. Are alcoholic beverages sold by you at fair/rodeo grounds? Yes__ No__ Do you have a permit? Yes__ No__

FIRE DEPARTMENT

1. Number of employees: Full time _____
Part time _____
Volunteers _____
EMTs _____
Paramedics _____
2. How many fire fighters have fire fighter I certification? _____
3. Number of fire stations: _____ Number of vehicles: _____
4. Does the department have a Standard Operating Procedures Manual? Yes___ No___
Does it include an organizational statement/policy pursuant to OSHA 29CFR
1910.156(b)(1)? Yes___ No___
5. Is the department involved with any other entity for provision of emergency services?
Yes___ No___
Is there a written contract/interlocal agreement with these entities? Yes___ No___
6. Are all bay floors and shower areas skid resistant? Yes___ No___
7. Are safety and training meetings held? Yes___ No___
8. Is a weekly inspection and maintenance program for fire department vehicles performed?
Yes___ No___ Are records maintained? Yes___ No___
9. Are fire pumps tested? Yes___ No___
Are aerial devices inspected and service tested? Yes___ No___
10. Do you train on Emergency Vehicle Operations (EVO)? Yes___ No___
11. Does the department have a current set of fire codes? Yes___ No___
12. Are fire fighters trained in Hazardous Waste Operations and Emergency Response
(HAZWOPER)? Yes___ No___
13. Are fire fighters trained in Confined Space Rescue? Yes___ No___
14. Is CPR training provided? Yes___ No___
15. Are the following tested at least annually and documented in the files?
a) Hoses: Yes___ No___ b) Ladders: Yes___ No___ c) Hydrants: Yes___ No___

FLEET MANAGEMENT

1. Does your agency have written fleet management policies and guidelines? Yes__ No__
Are operators required to know and follow them? Yes__ No__
2. All maintenance or service performed on agency vehicles and motorized equipment is scheduled and documented in written form and kept in the agency files? Yes__ No__
3. Do your policies require seat belt use, passenger limitations, and accident reporting?
Yes__ No__
4. Are accident investigations conducted on vehicle accidents and personnel injuries?
Yes__ No__ Is someone assigned to correct the cause? Yes__ No__ Is the insurance carrier notified immediately and forms filled out and sent to the insurance agency within 24 hours? Yes__ No__ Are copies of the accident reports and pertinent documents kept in the files? Yes__ No__
5. Does your agency verify driver licenses and annually review MVRs for all agency drivers?
Yes__ No__ Are these MVRs kept in the agency files? Yes__ No__
6. Does your agency provide a drug and alcohol testing program for employees with CDL licenses? Yes__ No__ How many drivers have CDL licenses? _____
7. Do all drivers complete a driver training course every three years and when involved in an at-fault accident within 90 days of the accident? Yes__ No__ Driver training is documented and kept in the agency files? Yes__ No__
8. Fleet personnel inspect their fleet vehicles frequently to ensure the safe conditions, safety inspections, and good housekeeping and maintenance records are in place?
Yes__ No__

GOLF COURSES

1. Number of holes:_____ Number of full-time employees:_____
2. Are emergency medical procedures posted in the Pro Shop and maintenance areas?
Yes__ No__
3. Are all employees trained on accident and injury procedures? Yes__ No__
4. Does the club have a daily maintenance procedure? Yes__ No__
How are these procedures enforced? _____
5. Are First Aid kits and fire extinguishers located in all the buildings and primary pieces of equipment? Yes__ No__
Does the club have a system to inspect/service them? Yes__ No__
6. Are golf carts rented to adults only? Yes__ No__ Number of carts: _____
Where are the golf cart rules posted? _____
7. Is the golf course fenced? Yes__ No__
8. Is the course checked to insure all safety guards and signs are in place daily?
Yes__ No__
9. Does the club post hazardous warning signs around the course? (e.g. Fall Area, No Ball Retrieval Area, Snake Habitat Area, Steep Stairs, Lightning Warnings, etc.) Yes__ No__
10. Is the cart repair and storage area vented and have running water especially in the battery storage and replacement work area? Yes__ No__
11. Are herbicides, pesticides, fertilizers, and fuels stored in separate locations? Yes__ No__

HOSPITALS

1. Number of employees: Full time _____ Part time _____
2. How many beds do you have in your hospital facility? _____
3. Do you operate medical clinics in connection with your hospital operation? Yes__ No__
4. If you operate medical clinics, how many and where are they located? _____

5. Does your agency provide ongoing safety training for staff and management in the following:

Slip, Trip, & Falls	Yes__ No__	Housekeeping	Yes__ No__
Electrical Safety	Yes__ No__	Transportation of patients	Yes__ No__
Needles Protection/Disposal	Yes__ No__	Cylinder Use	Yes__ No__
Fire Safety Plan	Yes__ No__	Extinguisher use	Yes__ No__
Emergency Evacuation	Yes__ No__	Steam Sterilizers	Yes__ No__
6. Do you have a current hazardous waste disposal policy? Yes__ No__
7. Do you have a current drug control policy? Yes__ No__
8. Do you currently employ an individual responsible for loss control or safety issues?
Yes__ No__
9. Are all gas cylinders secured to the wall or within enclosures and capped if not in use?
Yes__ No__ Are color codes posted near cylinders? Yes__ No__
10. Are sharps containers used to dispose of all needles and syringes? Yes__ No__
11. Is recapping of needles prohibited? Yes__ No__

MOSQUITO ABATEMENT

1. Number of Employees: Full time: _____
Part time: _____
2. During what month do you begin utilizing the services of part-time personnel? _____
What month do you lay off part-time employees? _____
3. How are district personnel trained in the concepts contained in the Policies and Procedures Manual? _____
4. Do employees involved with the application of public health pesticides have a State Department of Agriculture Non-Commercial Applicators License? Yes___ No___
5. Following certification, is there training in the application of pesticides including:
 - a. Estimating of area size to determine amount of material to apply? Yes___ No___
 - b. Information on pesticide label including precautionary statement, environmental hazards, and user safety recommendation? Yes___ No___
6. How is the application of pesticide training given and reviewed? _____

7. Are part-time, seasonal, and full-time employees invited to attend the spring workshop conducted by the Utah Mosquito Abatement Association? Yes___ No___
8. Do employees review the Material Safety Data Sheets (MSDS) for those pesticides or other materials used by the district? Yes___ No___
Are they available to them for review? Yes___ No___
9. Does the district use ATVs? Yes___ No___ If Yes, how many? _____
10. Are employees trained to use ATVs by the state parks or other agencies? Yes___ No___
11. Are your vehicles equipped to work safely at night? Yes___ No___
12. Are larviciding records kept on breeding sources treated? Yes___ No___
13. Does the district follow the guidelines for Ultra-Low Volume (ULV) application adopted by the Utah Mosquito Abatement Association? Yes___ No___
14. Are flow rates and droplet measurements made on ULV machines? Yes___ No___ How are these measurements done? _____ Are records kept? Yes___ No___
15. Are power sprayers and hand sprayers calibrated regularly to prevent over application of larvicides? Yes___ No___ Is there documentation made of this? Yes___ No___

16. If clothing is furnished, is laundry done by the district or employee? _____
 If laundry is done by the employees, do they receive instructions to separate from the family wash? Yes___ No___
17. Does the district do aerial spraying? Yes___ No___
18. Do district employees load the airplane? Yes___ No___ If Yes, what safety procedures are given to them? _____

19. Does the district require the private contractor to enter into an agreement indemnifying the district and holding the district harmless for liability and accident? Yes___ No___ How much insurance coverage do you require the contractor to carry? _____
20. Does the private contractor provide the district a copy of their insurance certificate? Yes___ No___ Is it kept in the district file? Yes___ No___
21. Does the district have a procedure to follow if accused of poisoning animals, killing bees, or damaging property? Yes___ No___
22. Are locations of bee yards kept by the district? Yes___ No___ Are efforts made to communicate with bee keepers to acquaint them with district operations? Yes___ No___
23. Are pesticide storage sites adequate? Yes___ No___ Are they vented, have adequate spill containment, and Non-flame heat? Yes___ No___
24. Is a spill clean-up kit immediately available at pesticide handling and container storage areas? Yes___ No___
25. Are herbicides and pesticides stored separately? Yes___ No___
26. Is there adequate spill containment measures in place for stored pesticides? Yes___ No___

NATURAL GAS

1. Number of employees: _____ Number of vehicles: _____
2. How many residents does the system serve? _____
3. Does the department hold safety meetings? Yes__ No__ How often? _____
4. Are distribution valves and meter distribution stations fenced and locked? Yes__ No__
5. Are employees trained in CPR? Yes__ No__
6. Are vehicles equipped with warning lights/back-up alarms? Yes__ No__
7. Is lighting available for night work? Yes__ No__
8. Are you a member of a natural gas organization? Yes__ No__
9. Is PPE provided? Yes__ No__
10. Is an incident report system in place and forms available? Yes__ No__
11. Are certified welders used and required? Yes__ No__
12. Is leak survey/testing conducted? Yes__ No__ How often? _____
13. Is there a written emergency plan? Yes__ No__
14. Are trenches/holes covered/barricaded? Yes__ No__
15. Is there ongoing training on: safe trenching, emergency plan/procedures, work zone safety, installation/repair codes, heat and back injury prevention? Yes__ No__

PARKS AND RECREATION

1. Number of employees: Full time _____ Part time _____
2. Number of parks: _____ Number of playgrounds: _____
3. Playground equipment description: _____

4. Are scheduled maintenance and safety checks done on playground equipment and facilities? Yes__ No__ How often? _____ Is documentation of the inspection and the findings kept on file? Y__ N__
5. What type of surfaces are under playground equipment: _____
6. Number of Basketball Courts: _____ Soccer Fields: _____ Softball: _____
Climbing Walls: _____ Skating Rinks: _____ Skateboard Parks: _____
7. Are liability release forms used when sponsoring recreational activities? Yes__ No__
8. Are grounds free of hazards such as holes, cables, or other unexpected obstacles which could cause injuries? Yes__ No__
9. Is any playground equipment substandard or obsolete? Yes__ No__
10. Are trees checked for dead limbs and trimmed to seven feet above walking surfaces? Yes__ No__
11. Are all other facilities including pavilions, tables, benches, bleachers, cooking facilities, drinking fountains, etc., safe and well maintained? Yes__ No__ Are fire extinguishers located in the facilities? Yes__ No__
12. Is playground equipment properly inspected and maintained?
 - a. Badly worn links on swing chains? Yes__ No__ N/A__
 - b. Badly worn "S" hooks on swing chains? Yes__ No__ N/A__
 - c. Are "S" hooks closed tightly? Yes__ No__ N/A__
 - d. Splitting/deteriorating swing seats? Yes__ No__ N/A__
 - e. Worn swivels -- top of swing chains? Yes__ No__ N/A__
 - f. Slides too steep? Yes__ No__ N/A__
 - g. Missing or broken hand rail on slide? Yes__ No__ N/A__
 - h. Equipment over 8 feet in height? Yes__ No__ N/A__
 - i. Open platforms 5 feet or over? Yes__ No__ N/A__
 - j. Concrete footings exposed? Yes__ No__ N/A__
 - k. Are soccer goals secured from tipping? Yes__ No__ N/A__
 - l. Is there no more than 9" between the ground and merry-go-round platforms? Yes__ No__ N/A__
 - m. If teeter-totters are present, do they have tires buried beneath teeter-totter seats to absorb shock? Yes__ No__ N/A__
 - n. Are large tractor tires secure and upright? Yes__ No__ N/A__

POLICE/SHERIFF'S DEPARTMENT

1. Number of certified officers/deputies: _____ Number of patrol cars: _____
2. Have all officers/deputies completed peace-officer-standards-in-training (POST)?
Yes__ No__
3. Are criminal background checks and psychological evaluations done on all officers prior to hiring? Yes__ No__ Are checks conducted to ensure applicants have a valid driver license? Yes__ No__ Are officers given a physical? Yes__ No__
4. Does the department have an operations manual? Yes__ No__ Is there an annual review and update of the manual? Yes__ No__ Is legal counsel involved in manual review and revision? Yes__ No__ Does the manual cover:
 - a. Off duty employment? Yes__ No__
 - b. High speed pursuit? Yes__ No__
 - c. Ride-along program? Yes__ No__
 - d. Use of firearms off duty? Yes__ No__
 - e. Use of force/deadly force? Yes__ No__
 - f. Waivers used? Yes__ No__
5. Is there training on contents of the manual? Yes__ No__
Is training documented? Yes__ No__
Is there an ongoing training requirement? Yes__ No__
6. Does your agency provide law enforcement services for any other entity under agreement, contract, or interlocal agreement? Yes__ No__
7. Describe firearms training format: _____
Night qualified? Yes__ No__
8. Are officers allowed to carry weapons both on and off duty? Yes__ No__
9. Is a shooting range operated by your agency? Yes__ No__
10. Does the department have an officer's physical fitness program? Yes__ No__
11. Are Hepatitis B vaccinations provided? Yes__ No__ Do employees who refuse the injection sign a declination form? Yes__ No__
12. Do patrol cars carry fire extinguishers and first aid kits? Yes__ No__
13. Is there a detention facility? Yes__ No__ Number of cells _____ Beds _____
Is there surveillance and monitoring? Yes__ No__
14. Do you have a racial profile policy and are the officers trained on the contents?
Yes__ No__
15. Do you provide dispatch? Yes__ No__ Are phone and radio calls recorded/logged?
Yes__ No__

SENIOR CITIZENS

1. How many employees work at the Center: Full time_____ Part time_____
2. Does the Senior Citizens Center currently meet ADA accessibility standards?
Yes__ No__
3. Do organizations other than senior citizens use the Senior Citizens Center? Yes__ No__
When other organization use the Senior Citizens Center, are they required to sign a Hold Harmless Agreement? Yes__ No__
4. Does your Senior Citizens Center own or operate vehicles? Yes__ No__
How many? _____
5. Is anyone other than staff allowed to drive the vehicles? Yes__ No__
6. Do you have a system in place to insure that individuals driving the vehicles have a current driver license and meet applicable driver license standards? Yes__ No__
Are Department of Motor Vehicle (DMV) records checked annually? Yes__ No__
7. Are your "Meals on Wheels" facilities inspected to insure that they meet applicable state and federal standards? Yes__ No__ N/A__
8. Are exits properly signed? Yes__ No__ Is emergency lighting provided? Yes__ No__
9. If commercial cooking is performed at the center, are the following provided:
 - a. grease filters over ranges? Yes__ No__
 - b. regular cleaning of filters? Yes__ No__
 - c. ventilation hoods over ranges? Yes__ No__
 - d. automatic extinguishing system over cooking area? Yes__ No__
10. Are functional fire extinguishers kept next to any fire hazard areas (e.g. kitchen, kilns, etc.)
Yes__ No__
11. Are gas powered kilns properly ventilated? Yes__ No__

SOLID WASTE/LANDFILL

1. Number of Employees: _____
2. Do you collect Solid Waste with your own equipment? Yes___ No___ If so, how many routes are collected daily? _____
3. Are trucks and loaders equipped with back-up alarms? Yes___ No___
4. Do you own and operate your own landfills? Yes___ No___ How many? _____
What type? _____ Are any contracted? Yes___ No___
5. Does the landfill currently have a plan of operation, record keeping, design standards, standards for maintenance and operation, and financial assurance for final closure?
Yes___ No___
6. What is the landfill classification? _____
7. Do you have a current permit from the Utah Solid & Hazardous Waste Control Board?
Yes___ No___
8. If you operate a Class I landfill, do you dispose of ONLY Non-hazardous solid waste including: municipal solid waste, commercial solid waste, industrial solid waste, construction/demolition waste and special waste? Yes___ No___
9. Are there always two employees present when the landfill is in operation? Yes___ No___
10. Are all loads inspected in accordance with the plan contained in the permit which prohibits the disposal of waste such as hazardous waste and PCBs? Yes___ No___
11. Is the disposal of containers of liquids larger than five gallons or any waste containing free liquid containers prohibited? Yes___ No___
12. Does the landfill management Notify Solid & Hazardous Waste Control Board within 24 hours of Non-compliance or violations? Yes___ No___
13. Is the landfill operated in accordance with the Operation Plan as contained in the permit application? Yes___ No___ Is a copy of the operation plan kept on-site at the landfill and members' office? Yes___ No___
14. Are records kept on the following:
 - a. quantities of waste received? Yes___ No___
 - b. any gas monitoring results? Yes___ No___
 - c. employee on-site training? Yes___ No___
 - d. groundwater sample results? Yes___ No___
 - e. Records of inspections? Yes___ No___
 - f. Permittee inspection records? Yes___ No___

15. Is the site secured when not in operation? Yes__ No__
16. Is all waste completely covered at the end of each working day with a minimum of six inches of earth? Yes__ No__
17. Are signs posted which warn citizens to keep children in their vehicles? Yes__ No__
18. If a contractor provides any service to the landfill, is their indemnification agreements and a copy of the contractor's insurance in the files? Yes__ No__
19. Does your agency have a Closure Plan, Final Closure Plan, and ongoing maintenance?
Yes __ No__
20. Does the landfill have a salvage operation? Yes__ No__
21. Does the landfill do recycling? Yes__ No__

STREET DEPARTMENT

1. Number of employees_____ How many miles of road maintained?_____
2. Are safety meetings held? Yes___ No___ Is training documented? Yes___ No___
3. Is there a sign inspection and replacement program? Yes___ No___
4. Are records kept on placement, inspections, and maintenance? Yes___ No___
5. Are you switching to "high reflectivity" road signs? Yes___ No___
6. Is a night survey conducted? Yes___ No___
7. Are flaggers certified? Yes___ No___
8. The Street Department maintains: ___ Gravel Pit ___ Roads ___ Sidewalks
___ Curbs & Gutters ___ Trees ___ Road Striping
9. Do you use traffic control devices when working in the right of way? Yes___ No___
10. If a sub-contractor is being used, are you requiring they follow the same safety rules as the agency? Yes___ No___
11. Does the department do snow removal and sanding? Yes___ No___ Are snow removal operators trained before being allowed to perform snow removal? Yes___ No___
12. Are accidents reported, investigated, photos taken, diagrams made, and reports written? Yes___ No___
13. Are records kept on file of all maintenance repairs conducted by the department? Yes___ No___
Do they include location, date, time, and a description of what was done? Yes___ No___
14. Does the department spray herbicides or pesticides? Yes___ No___
15. Are crews following OSHA Work Zone Safety Standard (29 CFR 1921.201) for traffic control when working? Yes___ No___ Are projects inspected during the day and before leaving the site at night? Yes___ No___ Are the sites monitored during weekends and holidays? Yes___ No___

Shops

- | | | |
|---|---|---------------------------------------|
| First Aid Box ___ | Grease Pit Covered ___ | Eye Protection Provided ___ |
| Fire Extinguishers Mounted ___ | MSDS Sheets Posted ___ | Safety Shoes ___ |
| Flammable Liquids Controlled ___ | Safety Equipment Provided ___ | Chemical Respirator ___ |
| Eye Wash ___ | Above Ground Storage Areas Railed Off ___ | Face Shields ___ |
| Chemical Storage ___ | Welding Curtain and Ventilation ___ | Fuel Tanks Spill Containment ___ |
| Drip Pans at Oil Distribution Areas ___ | Gas Cylinders Secured ___ | Fuel Area Protected from Vehicles ___ |
| Grinder Wheel Pads 1/4-1/8 Inches ___ | Tire Cage Used ___ | No Smoking Signs Posted ___ |
| Eye Protection Glasses By Grinder ___ | PPE Provided ___ | Emergency Fuel Shut-off ___ |
| Electrical Panel Boxes Accessible ___ | Reflective Vest ___ | Maintenance Yard Fenced ___ |
| | Hardhats ___ | Good Housekeeping ___ |

SWIMMING POOLS

1. How many employees: Full time _____ Part time _____
How many lifeguards: _____
2. Are all lifeguards certified by the American Red Cross and is their training current?
Yes__ No__
3. Does pool management have written policies and procedures for the day-to-day operations including: emergency procedures, scheduling of lifeguard staff, accident investigation, chlorine leaks and security measures? Yes__ No__
4. Are operations and maintenance check lists filled out daily and is this documentation kept on file? Yes__ No__ How many pools? _____
5. Is life guard training conducted on site at a minimum of 4 hours per month? Yes__ No__
6. How many slides? _____ Diving Boards? _____
7. Are swimming areas fenced with "child-proof" fencing and self-locking gates? Yes__ No__
Are these checked and locked when the pool is not in use? Yes__ No__
8. Are "kiddie" pools separated from regular pool operation by a fence? Yes__ No__
9. Are chairs and tables away from entrance ways and fences? Yes__ No__
10. Are pool rules posted conspicuously and enforced consistently? Yes__ No__
11. Are walking surfaces in the swim areas and restrooms smooth, level, and slip-resistant?
Yes__ No__
12. Is the water depth plainly marked in feet above the water level on the vertical pool wall and on the coping or deck next to the pool? Yes__ No__
13. Is the pool floor painted light in color to help identify objects in the pool? Yes__ No__
14. Do diving boards have a minimum depth of 12 feet? Yes__ No__ Is diving board 20 inches above the water and extending out from the edge of the pool 3 feet? Yes__ No__
Is the distance from the plummet to the start of the up-slope wall 16-18 feet in distance?
Yes__ No__
15. Are diving board guidelines posted? (e.g. one person on board at a time, one bounce per jump, etc.) Yes__ No__
16. Are throwing ropes with attached life ring and other life saving equipment where it is easily accessible? Yes__ No__
17. Is it required that qualified adult supervision be present for small children? Yes__ No__

18. Is the pool cleaned each day and water quality tested during the day at regular interval determined by local pool codes? Yes__ No__
19. If the pool is open past sunset, is pool lighting present? Yes__ No__
20. Are ground fault interrupters present and tested monthly to help prevent electrical shock around the pool area? Yes__ No__
21. Are pool covers always removed completely when the pool is in use? Yes__ No__
22. Is there a telephone located by the pool with a 911 sticker?
23. Area life guard stands safe and located for the best view of the areas and covered (if outside)? Yes__ No__
24. Are drain covers in the pools and hot tubs secured? Yes__ No__
25. Does the wading pool, hot tub, and pool have at least two drain exits? Yes__ No__
26. Is the circulation pump on/off switch located near the pools? Yes__ No__
27. Are doors and windows that provide access to the pool building secured? Yes__ No__
28. Are pool chemicals and supplies stored properly and away from children? Yes__ No__

WASTE WATER DEPARTMENT

1. Number of employees:_____ Number of septic tanks:_____
2. Are waste water treatment plant operators certified per state law? Yes__ No__
3. How many system connections does your agency have?_____
4. What is the approximate mileage of the system?_____
5. How old is the oldest part of the system?_____
6. What type of end disposal method is used?_____
7. If lagoons, are they fenced and monitored? Yes__ No__
8. Do you have scheduled inspection and maintenance of system? Yes__ No__
Is this documented? Yes__ No__
Does this include cleaning the collector system lines to avoid back-ups? Yes__ No__
How often is this done?_____
9. Are employees trained in Confined Space Entry and does your agency have the equipment for testing and entering confined spaces? Yes__ No__
10. Are chlorine cylinders properly signed and secured? Yes__ No__
11. Have waste water workers received Hepatitis shots (Hepatitis B and/or A)? Yes__ No__
Do employees who refuse the injections sign a declination form? Yes__ No__
12. Is there a gas chlorinator? Yes__ No__ Are chlorine gas tanks less than 2,000 lbs?
Yes__ No__ Is a respirator (SCBA) provided? Yes__ No__ Have employees been fit tested and trained in the use of the SCBA? Yes__ No__
13. Any connection between waste water and storm sewers? Yes__ No__
14. What is the procedure when a backup happens?_____
15. What is the agency's responsibility for sewer lateral lines?_____
16. Does the department maintain sewer lift stations? Yes__ No__ How many? _____
Are the stations inspected at least weekly and inspections documented? Yes__ No__
Are the lift stations alarmed? Yes__ No__

WATER DEPARTMENT

1. Number of employees: _____
2. Does your agency supply secondary water? Yes__ No__
If yes, number of connections: _____ How many miles of pipe? _____
3. Does your agency supply culinary water? Yes__ No__ How many connections do you have to your culinary water system? _____
4. Are water treatment plant operators and/or maintenance managers certified per state law? Yes__ No__
5. What are your water sources: ____River ____Springs ____Well ____Lake
6. Is an Environmental Protection Member (EPA) Source Water Protection Plan in place for all ground water sources? Yes__ No__
7. Is a plan in place for identifying, prioritizing, repairing, and replacing the water system? Yes__ No__
8. Does your agency have a water treatment plant? Yes__ No__
9. Does your agency have a chlorinator? Yes__ No__ Is a self-contained breathing apparatus (SCBA) respirator provided? Yes__ No__ Is the respirator located on or around the chlorinator building? Yes__ No__ Are chlorine cylinders properly signed and secured? Yes__ No__ Are employees trained in handling chlorine gas? Yes__ No__
10. Are water treatment, storage tanks, and pump houses fenced and locked? Yes__ No__
11. Is there scheduled inspection and maintenance of facilities and systems? Yes__ No__
12. Does your agency have any abnormal drinking water quality tests or purity violations for drinking water within the last two years? Yes__ No__
13. What procedures are used to disinfect new water lines before connecting them to the existing system? _____
14. What type of system monitoring is utilized? _____
15. Are drinking water quality tests performed by an individual qualified to perform them? Yes__ No__
16. Are samples drawn from appropriate, representative locations? Yes__ No__
17. Are water line "dead ends" flushed yearly? Yes__ No__