

<b>Entity Name:</b>	<b>Effective Date:</b>
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**RECREATIONAL ACTIVITIES**

1. Does the Entity have a regular inspection / maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. How often:
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3. Are all regular inspections and corrective actions documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Organized Activities:**

4. Complete the following:
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Activity (Ex: Baseball, Football)	No. of Participants		Supervision		Are waiver, release and/or consent forms secured for all participants?	Are transportation services provided
	Youth	Adult	Entity	Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do any participants provide their own insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b><u>Parks and Playgrounds:</u></b>	
6. Is any playground equipments present on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the playground equipments and surface meet Consumer Product Safety Commission (CPSC) standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Ice Skating:</u></b>	
7. Location:	If Outdoor:
8. Are Warning signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a procedure in place for checking ice thickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>SKI FACILITY</u></b>	
1. Description of operation:	
2. Is the operation run by:	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
3. If run by a subcontractor, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the subcontractor required to carry insurance limits at least equal to the insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you named as an additional insured under the subcontractors policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are hold-harmless agreements required from subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is a signed waiver of injury required from all users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there an equipment maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the facility supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>GOLF COURSE</u></b>	
1. Is the premises maintained by the public entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If maintained by a subcontractor, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Number of holes: <input type="checkbox"/> 18 <input type="checkbox"/> 9 <input type="checkbox"/> Other:	
4. Are chemicals used for spraying the golf course EPA approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are food and beverages sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Sales: Food: \$ Non-alcohol: \$ Alcohol: \$	
6. Is cooking done on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are tournaments held at this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>FITNESS CENTER</u></b>	
1. Description of operation:	
2. Is the operation run by:	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor:
3. If run by a subcontractor, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the subcontractor required to carry insurance limits at least equal to the insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you named as an additional insured under the subcontractors policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are hold-harmless agreements required from subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is a signed waiver of injury required from all users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there an equipment maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the facility supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>RIFLE / SHOOTING RANGE</u></b>			
1. <input type="checkbox"/> Indoor		<input type="checkbox"/> Outdoor	
2. Open to the public:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If open to the public, is a range officer on duty whenever the shooting areas are operating?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Skeet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stationary targets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the distance to the nearest building?			
5. Is ammunition storage facility adequately protected against unauthorized entry?			
6. Are "NO SMOKING" signs prominently displayed in the ammunition and powder storage areas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is a signed waiver of injury required from all users?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Outdoor Range:</b>			
8. Is perimeter fenced?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are warning signs posted along the fence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are premises adequately locked when not in use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is backstop sufficient to stop all errant shots?		<input type="checkbox"/> Yes	<input type="checkbox"/> No