

INITIAL SITE INSPECTION CHECKLIST

Indicate the reason for this site inspection and the name of the program, training, or meeting below:

<input type="checkbox"/> Program:
<input type="checkbox"/> Training:
<input type="checkbox"/> Meeting:

Prior to submitting the Application for Event Approval (#1073), use this form to conduct a site visit. On the back of this page, note by number any comments about areas that do not meet the following standards and how accommodations will be made to meet the standards (use additional paper if necessary). Attach this completed form to the Application for Event Approval and submit four to six weeks in advance of the projected event date.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the site safe, secure, clean, and free from hazards?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is the site/facility large enough to accommodate the expected number of participants?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Is the site accessible for persons with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Does the site have accessible toilets and sanitary facilities, including facilities designated to accommodate those with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Is it accessible by telephone or other communications equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is there adequate parking for vehicles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is there sufficient potable water for all participants?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is there enough space to provide shelter for all participants in the event of inclement weather?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are potentially dangerous areas, such as sharp drop-offs, clearly marked or restricted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Is the site free from observable sewage disposal problems?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Are any buildings being used properly ventilated, well lighted, heated, and free from hazards and do they have at least two exits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Do the buildings have emergency exits that are functioning, easily accessible, adequate to evacuate the expected number of participants, and well marked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Has the owner verified that all state and local regulations related to drinking water, sanitation, building outdoor fires, etc., are observed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. If a kitchen/dining area will be used, verify with the site owner that the appropriate permits and licenses have been obtained and the facility complies with all applicable building and health codes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Is a written contract for the use of this site required by the site owner/operator? If so, attach the completed contract to be signed by an authorized GSVSC staff member.

For any program facilities on site to be used for activities such as swimming, ropes courses, horseback riding, etc., be sure to refer to the appropriate GSVSC procedures and/or *Safety-Wise* activity checkpoints.

Over →

Record below the number of any item from the previous page that does not come into compliance with the standard. Record what is wrong and what accommodation can be made (either by the owner or by the event) to come into compliance. Use additional paper if necessary.

Number	Why does the site not comply with this item?	What will be done?

Signature:	Date of inspection:
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