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? __________
Well heated? (between 62°F and 70°F) __________
Well ventilated? __________
Dry? __________
Clean? __________
Windows in good condition? __________
Floor in good condition? __________

Adequate lighting? __________
Hand-washing facility? __________
Clean toilet facility? __________
Sanitary drinking facility? __________
Emergency flashlights on hand? __________
First aid kits on hand? __________

EXITS

YES NO YES NO
Two or more emergency exits available? __________
Unlocked and easily accessible? __________
Sufficiently far apart? __________
Crash bar on doors? __________
Exit signs installed? __________
Exit signs lighted? __________
All doors swing out? __________

IF ROOM IS ABOVE FIRST FLOOR:

YES NO YES NO
Close to stairs (less than 100 feet)? __________
Doors and stairs unobstructed, litter free? __________
Stairs in good repair? __________
Handrail provided? __________
Stairway lighted? __________
Stairway in good repair? __________
Wide enough for two persons? __________
Carpet or treads secure? __________
Stairway enclosed? __________
Enclosures fitted with fire doors? __________
Outside fire escape installed? __________
Fire escape in good repair? __________
Fire escape used for fire drills? __________
### FIRE PROTECTION

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Portable extinguisher available and properly located?
- Location of extinguisher?
- Suitable for following types of fires:
  - Ordinary combustibles
  - Flammable liquids
  - Electrical equipment
  - Extinguisher ready for use? (should be tagged to show inspection within 1 year)
  - Any hazard from rubbish or flammable material?
  - Any hazard from oily rags or mops? (spontaneous combustion)
  - Smoke alarm system installed and tested?

### FIRE DRILL

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Has the unit an organization plan for conducting fire drills?
- Is a fire plan posted on the unit bulletin board?
- Are fire evacuation drills practiced frequently?
- 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.

### CHARTERED ORGANIZATION RECORD

Did the chartered organization representative participate in the inspection? Yes ☐ No ☐

Report reviewed by:

<table>
<thead>
<tr>
<th>Chartered organization representative</th>
<th>Head of organization</th>
<th>Unit committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Action taken: __________________________________________________________

---

**INSTRUCTORS’ SIGNATURES**

________________________________  ______________________________________

Date of inspection  __________________  Unit leader in attendance  __________________

---

**CHARTERED ORGANIZATION RECORD**

---