



Self Inspection Report

Instructions:

1. Completion of this report should be done in conjunction with the online interactive SIR curriculum 2025-2026 on CMG Connect.
2. Complete heading of report.
3. Self Inspection Report should be completed by the pastor, facility administrator, maintenance staff, or a combination of these positions.
4. After completion of report, determine what corrective/planned action is necessary, if any.
5. Please return completed copies of report via regular mail to the address below or for your convenience you can use the email link:

Catholic Mutual Group

ATTN: _____

Email: _____

ARCH/DIOCESE

PARISH/INSTITUTION

ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL ADDRESS

WEBSITE ADDRESS

DATE OF INSPECTION

INSPECTED BY

JOB TITLE

**Place X next to all owned buildings at your location.
Be sure to inspect each building.**

Church _____ Rectory _____ Convent _____ Garage _____ Hall _____
High School _____ Grade School _____ Gym _____ Other _____

As you perform a walk-through inspection of your facilities, please answer all questions that apply.

LIFE SAFETY

1. Do you have an Automatic External Defibrillator (AED) available? Yes ☐ No ☐
- If YES, how many units are placed within your facility? _____
 - Are they available/accessible for sporting events and practices? Yes ☐ No ☐
 - How many were found with expired pads or dead batteries? _____
2. How many fire extinguishers are mounted throughout your facilities? _____
3. How many carbon monoxide detectors are available in your facilities? _____
4. Test all your battery back-up emergency and exit lights. _____
- How many units were not functioning properly? _____
 - For those that did not function properly, was this due to dead batteries or burned-out bulbs? Yes ☐ No ☐

TRANSPORTATION

5. Do you know how many drivers you have that drive on behalf of your organization? Yes ☐ No ☐
- Do you maintain an active list of drivers (both employees and volunteers)? Yes ☐ No ☐
 - Do you know how many drivers carry the minimum recommended insurance requirements of \$100,000/\$300,000 coverage? Yes ☐ No ☐
 - Have your drivers taken the Defensive Driving Curriculum on CMG Connect? Yes ☐ No ☐
 - Please convey any further comments you'd like to make on how you manage drivers at your location. _____
6. Do you own, operate, or lease any vehicles that can transport 11 or more passengers including the driver? Yes ☐ No ☐
- If YES, how many? _____
 - Please provide a list of these vehicles, including the year, make, model and number of passengers. _____

FACILITY USE

7. Are your facilities used by outside groups? Yes ☐ No ☐
- If YES, do you have them sign a Facility Usage/Indemnity Agreement? Yes ☐ No ☐
 - If YES, do you obtain certificates of insurance from them as part of the facility use agreement? *(Individuals or outside groups using your buildings should carry their own liability insurance to protect you from risk of loss if an accident occurs as a result of their negligence.)* Yes ☐ No ☐
 - Do you also ensure that the certificate names both the (Arch)Diocese and the parish/school as an "additional insured"? Yes ☐ No ☐
8. Do you have a Knights of Columbus or Knights of Peter Claver Council at your location? Yes ☐ No ☐
- If YES, does the council provide you with an annual Certificate of Insurance which names both the (Arch)Diocese and parish as additional insured? *(Knights of Columbus and Knights of Peter Claver, as fraternal organizations, are considered outside groups and need to carry their own insurance.)* Yes ☐ No ☐

Thank you for completing the Self Inspection Report!