

**CHURCH MUTUAL ELDERLY APARTMENT SURVEY**

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative: \_\_\_\_\_

Facility Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Address: \_\_\_\_\_

Is this a HUD Project?  Yes  No

If yes, secure bid specifications.

**MANAGEMENT ISSUES**

Manager on premises?  Yes  No

Office  Tenant

Is there an emergency contact person?  Yes  No

Is contact person on premises 24 hours per day?  Yes  No

If no, explain contact procedures. \_\_\_\_\_

How long has manager/management firm been involved? \_\_\_\_\_ Years \_\_\_\_\_ Months

What percentage of the population are elderly tenants? \_\_\_\_\_

What percentage of the population is other than elderly tenants? \_\_\_\_\_

Provide details on acuity/diagnosis of other than elderly tenants. \_\_\_\_\_

What types of services do you offer tenants? \_\_\_\_\_

What types of activities do you have on premises? \_\_\_\_\_

What is your gross monthly rent including any subsidized funding? \_\_\_\_\_

What are the number of tenants in each building? \_\_\_\_\_

What is the total number of units in each building? \_\_\_\_\_

Do you have congregate areas available?  Yes  No

What are their usage? \_\_\_\_\_

Are any of these areas open to the general public for usage?  Yes  No

**LIFE SAFETY ISSUES**

What are policies for burning candles/incense, etc.? \_\_\_\_\_

What are the smoking policies for tenants smoking in apartments? \_\_\_\_\_

Is there a fire evacuation plan with the fire department?  Yes  No

Is the fire department aware of tenants needing evacuation assistance?  Yes  No

Please explain. \_\_\_\_\_  
\_\_\_\_\_

What means of emergency notification do tenants have?

Call Bells  Pull Cords  Pendants  Other  None

If other or none, explain. \_\_\_\_\_  
\_\_\_\_\_

What are the security procedures for access to building? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAINTENANCE ISSUES**

Who is performing everyday maintenance? \_\_\_\_\_  
\_\_\_\_\_

Does he/she live on premises?  Yes  No

What type of maintenance work is being performed (heating, wiring, plumbing)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is maintenance notified of problems? \_\_\_\_\_  
\_\_\_\_\_

Who is responsible for snow and ice removal? \_\_\_\_\_  
\_\_\_\_\_

What are the procedures for when to shovel/plow? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is a log being used for snow removal records?  Yes  No

**OBSERVATION**

**GENERAL**

- Overall maintenance/housekeeping is good  Yes  No  N/A
- Exit doors unobstructed/egress outward  Yes  No  N/A
- Two means of egress from each floor  Yes  No  N/A
- Corridors are unobstructed  Yes  No  N/A
- Does apartment have balconies  Yes  No  N/A
  - If yes, are railings secure  Yes  No  N/A
  - Is grilling allowed on balconies  Yes  No  N/A
- Handrails present and secure in hallways  Yes  No  N/A
- Floors and carpeting even and maintained  Yes  No  N/A
- Garbage properly stored and disposed  Yes  No  N/A
- Is garbage chute sprinklered  Yes  No  N/A

Pets are appropriately cared for and managed - Type \_\_\_\_\_  Yes  No  N/A

Any evidence of water damage  Yes  No  N/A

Is underground parking sprinklered  Yes  No  N/A

If parking sprinklered, is there a fire division  Yes  No  N/A

Swimming pool? If yes, provide pool survey.  Yes  No  N/A

**EQUIPMENT**

Building sprinklered  Yes  No  N/A

Full  Partial Date Inspected \_\_\_\_\_

If partial, what areas are sprinklered? \_\_\_\_\_

Fire alarm on premises  Yes  No  N/A

Central  Local

Fire divisions (show all fire divisions and breaks on building diagrams)  Yes  No  N/A

Number of divisions \_\_\_\_\_ Rating of fire doors: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Automatic fire closure  Yes  No

Do fire divisions go through attic  Yes  No  N/A

Fire Curtain  Firewall

Fire extinguishers on premises  Yes  No

Fire extinguishers tagged  Yes  No Date Inspected \_\_\_\_\_

Location of smoke detectors  Common Areas  Resident Rooms  Hallways

Type of smoke detectors  Hard-wired  Battery

Unit exit doors, hallway doors, and stairwell doors have automatic door closing apparatus on them  Yes  No  N/A

Emergency lighting available  Yes  No  N/A

Exit lights operable  Yes  No  N/A

Burglar Alarm  Yes  No  N/A

Central  Local

Standpipes (internal hydrants) in stairways or hallways  Yes  No  N/A

Number \_\_\_\_\_

Elevator serviced annually  Yes  No  N/A

Wiring Type  CB  Fuse Age of Wiring \_\_\_\_\_

Heating Type  GFA  Steam Boiler  Electric  Hot Water Age of Heating \_\_\_\_\_

If steam boiler, provide building numbers: \_\_\_\_\_

Name of contact person for inspection purposes: \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Roof Type  Tar/Gravel  Shingle  Metal  Rubber Age of Roof \_\_\_\_\_

Air Conditioning  Central  Window  Combination

**STORAGE/UTILITY/HOUSEKEEPING/LAUNDRY**

- Laundry area and equipment are clean and serviced periodically  Yes  No  N/A
- Accessible 24 hours  Yes  No  N/A
- Where located (basement) \_\_\_\_\_
- Front and back lint traps are cleaned routinely  Yes  No  N/A
- Housekeeping/cleaning products kept in locked cabinet/room  Yes  No  N/A
- Sprinkler heads open and unobstructed  Yes  No  N/A

**BASEMENT**

- Access from outside  Yes  No  N/A
- Storage areas for tenants  Yes  No  N/A
- If yes, clean/low clutter  Yes  No  N/A
- Are combustible materials stored in basement  Yes  No  N/A
- Is there evidence of water in basement that would damage property  Yes  No  N/A

**FURNACE ROOM**

- Furnace room free of clutter  Yes  No  N/A
- Enclosed fireproof room  Yes  No  N/A
- Door closed at all times  Yes  No  N/A
- Free of combustibles  Yes  No  N/A
- Serviced periodically  Yes  No  N/A

**OUTSIDE**

- Does water drain over walk areas  Yes  No  N/A
- Are walkways and parking lots in good condition  Yes  No  N/A
- What are surrounding exposures to building \_\_\_\_\_

**KITCHEN (if commercial kitchen)**

- Does building have a commercial kitchen  Yes  No  N/A
- Kitchen area is clean  Yes  No  N/A
- Refrigerators/freezers are clean and operable  Yes  No  N/A
- Fire suppression system fully covers cooking area  Yes  No  N/A
- Date inspected by professional service \_\_\_\_\_
- Ducts are cleaned annually  Yes  No  N/A
- Is pest control done on a regular basis by a professional service  Yes  No  N/A

**Provide your comments on the apartment building.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_