

Asset Checklist

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**ASSET LIST**

Physical Resources (owned or for which responsible)

Real Property (owned, leased)

- Offices
- Manufacturing Buildings
- Warehouses
- Other Buildings
- Underground Property
- Land
- Other:

Personal Property (owned, leased, held)

Aircraft

Goods of Others

Automotive Vehicles

ECP Equipment

Equipment and Machinery:

- Air Conditioners
- Boilers
- Electric Motors
- Misc. Electric Apparatus
- Furnaces
- Pressure Vessels
- Transformers

Artwork

Furniture and Fixtures

Improvement and betterments

Promotional Displays (signs)

Recreational Facilities

Security, Protection and detection devices

Stock and inventory

Watercraft

Other



## PERILS

### HUMAN

Arson  
Chemical leaks  
Contamination  
Death  
Discrimination  
Dust  
Electrical hazards  
Embezzlement  
Error

Explosion  
Fire  
Molten materials  
Pollution  
Power failure  
Radioactive hazards  
Riot  
Sabotage  
Shrinkage

Sonic boom  
Temperatures  
Terrorism  
Theft  
Vandalism  
Vibration  
Water damage

### ECONOMIC

Consumer change  
Currency fluctuations  
Depression  
Inflation  
Market cycle  
Outdated

Recession  
 Strikes  
Stock market swings  
Technology advances  
War  
Political unrest

### NATURAL

Bacteria  
Cave-in  
Collapse  
Corrosion  
Drought  
Earthquake  
Evaporation  
Erosion  
Fire  
Flood

Hail  
Humidity  
Ice  
Landslides  
Lightning  
Meteors  
Rot  
Static electricity  
Subsidence  
Temperature changes

Tides  
Tidal waves  
Vegetation  
Vermin  
Volcanoes  
Water  
Wind

Industry specific checklist – the application is a checklist



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**UNDERWRITING QUESTIONNAIRE  
NATURAL GAS DISTRIBUTION**

1. FULL NAME OF GAS UTILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

(STREET ADDRESS) (HWY. NO.) (R.F.D. ROUTE & BOX NO.) (P.O. BOX)

(CITY) (COUNTY) (STATE) (ZIP CODE)

2. (A) OWNERSHIP STRUCTURE OF GAS UTILITY IS (COMPLETE APPLICABLE SECTION):  
CORPORATION – LIST NAMES AND TITLES OF OFFICERS AND WHETHER OR NOT ACTIVE IN  
BUSINESS \_\_\_\_\_

MUNICIPALLY-OWNED UTILITY OR UTILITIES BOARD – GIVE NAME OF MANAGER  
\_\_\_\_\_

MUNICIPALLY-OPERATED UTILITY DISTRICT – GIVE NAME OF MANAGER  
\_\_\_\_\_

(B) COMMENT ON MANAGEMENT – ITS EXPERIENCE AND REPUTATION  
\_\_\_\_\_

3. THE ENTITY DESCRIBED IN 2(A) ABOVE ALSO OPERATED THE FOLLOWING:

_____ WATER UTILITY	_____ LIGHT & POWER UTILITY	_____ OTHER MUNICIPAL OPERATIONS
_____ SEWER UTILITY	_____ TELEPHONE UTILITY	_____ OTHER _____



# MONTHLY SAFETY INSPECTION CHECKLIST

Educational Facilities

School/Site \_\_\_\_\_ Date \_\_\_\_\_

Inspector \_\_\_\_\_

This form is a reminder only, of general areas and items to be inspected, all "needs attention" items should be investigated and corrected. Check each item either "acceptable" or "needs attention." If "needs attention" state location(s) i.e. room 104, gym, front hall.

CONDITION		LOCATION(S)	
ACCEPTABLE	NEEDS ATTENTION		
			<b>GROUND §</b>
			STEPS IN GOOD CONDITION
			WALKWAYS IN GOOD CONDITION
			PARKING AREAS IN GOOD CONDITION
			HANDRAILS ON ALL STEPS AND RANPS
			SECURITY LIGHTS
			HOLES IN LAWN
			DEBRIS ON GROUNDS
			SEATS/BLEACHERS IN GOOD CONDITION
			<b>GENERAL AREA §</b>
			FLOORS IN GOOD CONDITION
			FLOORS DRY
			FLOORS NOT SLIPPERY
			FLOOR OPENINGS PROPERLY COVERED
			INTAKE VENTS CLEAN
			EXHAUST VENTS CLEAN
			SIGNS OF BASEMENT WATER SEEPAGE
			SIGNS OF ROOF LEAKAGE
			CEILING MATERIAL SECURE
			WATER PIPING SYSTEM
			WASTE PIPING SYSTEM
			STEAM PIPING SYSTEM
			AIR PIPING SYSTEM
			LOADING DOCK
			STORAGE ROOM(S)
			WASTE DISPOSAL AREA(S)
			BROKEN GLASS
			LIGHTING ADEQUATE IN ALL AREAS
			HANDRAILS SECURE
			STAIR TREAD SECURE
			<b>MEAN § OF EGRE § §</b>
			EXITS CLEARLY MARKED
			EXIT WAYS FREE OF OBSTRUCTIONS
			STAIRWAY DOORS KEPT CLOSED
			FIRE DOORS KEPT CLOSED
			DOORS OPERATE FREELY
			EVACUATION PLAN POSTED
			<b>EMERGENCY PROCEDURE §</b>
			WRITTEN PROCEDURES
			EMERGENCY CALL LIST POSTED
			PERSONNEL TRAINED FOR EMERGENCIES
			FIRST AID FACILITIES
			FIRST AID PERSONNEL

See also OSHA resources CFR 29 Chapter XVII