

This form should be completed annually for troops meeting in a private home.

Leader's name _____ Troop # _____

Address of troop meeting location _____

Name of homeowner if other than leader listed above _____

Safety and Health Checklist

Does the home have working smoke detectors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are firearms and ammunition locked up?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there more than one clear exit out of the meeting area in case of fire (may be a window)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are pets secured away from the meeting area and access to girls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are steps and walkways clear of trip and fall hazards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are toilets and handwashing facilities available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a first aid kit available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are chemical cleaning solutions and medications properly stored to prevent access?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is access restricted to sports equipment such as archery equipment, trampolines, darts, etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are barriers or warnings provided for woodstoves and heaters?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Adult Household Members' Information

Please list names of other adults residing in the home or who may be in the home during troop meetings:

Name _____ Date of Birth _____

To your knowledge has this individual EVER BEEN CONVICTED OF A CRIME? Yes ☐ No ☐

If yes, please explain: _____

Name _____ Date of Birth _____

To your knowledge has this individual EVER BEEN CONVICTED OF A CRIME? Yes ☐ No ☐

If yes, please explain: _____

Leader's Signature

Date