

**Public Entity Risk Institute
General Risk Management Questionnaire**

This section of the questionnaire is designed to identify your department's risk exposures and present risk management activities. Most of the questions are "YES/NO", but in a few cases you are asked to enter information in the yellow spaces. If you need more space than is provided in the yellow spaces, attach additional pages.

Use the N/A column if neither "YES" nor "NO" is the correct answer because the question is not applicable to your department. Whenever you identify a manual, policy, procedure or other document, attach a copy.

1. Organization			
State your name and position in the space below.			
If your department has a department organizational chart, attach it. If it does not, describe in the space below the placement of your department within the organization and the department's internal structure.			
Describe in the space below or attach a summary of your department's primary functions.			
2. Risk Management			
			YES
			NO
			N/A
Does your department review new activities during the planning stage to identify and address risks?			
Which of the following do you see as your department's major risks?			
• General Liability			
• Damage to/loss of public property			
• Employee injury and death			

	YES	NO	N/A
• Community Safety			
• Professional liability/errors & omissions			
• Law enforcement liability			
• None			
• Other (please identify in the space below)			
Who is primarily responsible for risk management in the department? Include position(s) or working title(s) in the space below.			
3. Overview of Activities	YES	NO	N/A
Does your department perform operations away from its premises?			
Does your department sell products or perform fee for service activities?			
Does your department prepare and/or serve food? (Excludes prepackaged items)			
Does your department permit alcohol to be served at events held on its premises?			
Does your department collect private or confidential information about others (e.g. members of the public)?			
Does your department serve a population that is vulnerable to abuse or molestation, such as the elderly, children, people with disabilities or the developmentally challenged?			
Does your department host public gatherings, conduct special events or permit special events hosted by others to take place on its premises, including but not limited to public streets, sidewalks and parks?			
Does your department conduct any financial transactions (such as collection or disbursement of taxes, fines, or fees)?			
Does your department operate any playgrounds, stadiums, parks, arenas or other recreational areas for the public?			
Does your department charge a fee for transporting people or property?			

	YES	NO	N/A
Does your department operate any facilities that serve as housing for members of the community? (e.g. shelters, nursing homes, halfway houses, etc.)			
4. Publications	YES	NO	N/A
Does your department issue any publications (hard copy or electronic)? (If NO, skip to Section 5)			
Does your department follow a procedure for ensuring that it does not publish copyrighted material owned by others without their permission?			
Do your department's publications, press releases, or brochures include the following:			
• Photos or case studies?			
• Information that is not subject to mandatory disclosure under the Freedom of Information Act?			
• Material written or photographs taken by non-entity employees?			
Who is primarily responsible for preparing publications? Include position(s) or working title(s) in the space below.			
5. Professional liability/errors and omissions exposures	YES	NO	N/A
Does your department have any employees or contractors in the following categories who provide services to members of the public? (If NO to all, skip to Section 6)			
• Health care providers			
• Accountants			
• Social workers			
• Psychologists			
• Legal services			
• Architects and engineers			
• Technology			
• Construction trades			
• Other (if YES please describe)			

	YES	NO	N/A
Does your department have procedures for checking professionals' credentials, backgrounds and references?			
Who is primarily responsible for checking credentials, backgrounds and references? Include position(s) or working title(s) in the space below.			
6. Department Personnel	YES	NO	N/A
Are any of your department's employees working under a collective bargaining agreement?			
Do your department's supervisors participate in hiring, firing, promotion, and disciplinary decisions?			
Does your department have an employee who is dedicated full or part time to personnel management?			
Do employees who participate in hiring, firing, promotion, and disciplinary decisions receive training about employment practices liability?			
Do employees who participate in hiring, firing, promotion, and disciplinary decisions work with the personnel/human Resources department to avoid potential employment practices liability?			
Does your department have a procedure for screening potential employees, volunteers and contractors for any history that would disqualify them from performing their jobs? (e.g. criminal convictions for abuse, molestation and crimes of violence and fraud)			
Does your department perform regular performance reviews of employees?			
Does your department have a progressive discipline system that enables it to investigate, discipline or terminate employees who are not performing or are the subject of complaints by other employees or the public?			
Does your department store confidential employee personnel records in a secure location?			
Does your department store confidential employee health records in a secure location?			
Do your department's employees receive initial orientation and training and periodic retraining?			

	YES	NO	N/A
Does your department have a drug testing program for employees?			
• If YES, does your department have a written drug test policy?			
Does your department permit telecommuting?			
• If YES, does your department have a written telecommuting policy?			
Does your department have a written policy against sexual harassment?			
Does your department have a written policy against discrimination?			
Does your department have a policy or procedure to address the risk of unemployment?			
Who is primarily responsible for your department's personnel matters? Include position(s) or working title(s) in the space below.			
How many employees does your department have? Insert the number in the space below.			
7. Department Volunteers	YES	NO	N/A
Does your department use volunteers? (If NO, skip to Section 8)			
Are written job descriptions used for the positions filled by volunteers?			
Do volunteers have liability coverage while working for your department?			
Are volunteers covered by workers' compensation or accidental injury insurance while working for your department?			
Do volunteers perform any task that requires special clearance or training?			
Do volunteers receive initial orientation and training and periodic retraining?			
Do volunteers operate machinery or vehicles?			

Who is primarily responsible for managing your department's volunteers and/or coordinating your volunteer program(s)? Include position(s) or working title(s) in the space below.			
8. Department Manuals, Policies and Procedures	YES	NO	N/A
Do you use entity-wide manuals or policies and procedures related to risk management? If YES, identify below.			
Does your department have any manuals, policies and procedures (other than entity-wide manuals and policies and procedures) upon which it relies to guide its activities? If YES, identify below.			
Does your department issue any manuals, policies and procedures or job specific safety materials directly to employees? If YES, identify below.			
9. Department Vehicles and Mobile Equipment	YES	NO	N/A
Does your department own and operate passenger vehicles?			
Does your department lease passenger vehicles for use by your department's employees?			
Does your department operate any mobile equipment, large trucks or vans that can carry 16 or more people and require the operators to have a Commercial Drivers License (CDL)? If YES, identify below.			

	YES	NO	N/A
Does your department contract for mobile equipment, large trucks or other commercial vehicles to be operated on its behalf?			
Does your department permit employees or volunteers to operate their own personal motor vehicles on its behalf?			
Does your department have a program to check the drivers records of those employees who drive as part of their job?			
Does your department require drivers to report traffic citations, including citations that occur off the job?			
Does your department own and operate any watercraft or aircraft?			
Does your department contract for any watercraft or aircraft to be operated on its behalf?			
Does your department keep written records of who is using department owned vehicles, when they are used and for what purpose?			
Does your department control access to vehicles and to vehicle keys?			
Does your department have written fleet management policies and procedures?			
Does your department have procedures for safety inspections of vehicles and mobile equipment?			
Who is responsible for managing your department's motor vehicle fleet? Include position(s) or working title(s) in the space below.			
10. Department Premises and Property	YES	NO	N/A
List below the addresses of all premises under the control of your department.			

	YES	NO	N/A
Does the entity own all of your department's premises? If NO, include the address(es) of any non-owned premises below.			
Does your department have equipment on the premises – e.g. boilers – that poses danger if it malfunctions? If YES, identify below.			
Are all of your premises fitted with automatic fire suppression systems, e.g. sprinklers?			
Does your department's premises or equipment house any potential sources of environmental pollution, e.g. underground storage tanks, liquid chlorine etc.? If YES, identify below.			
Does your department own any of the following valuable or difficult to replace property or information?			
• Art work and historical documents			
• Valuable papers and government records (including electronic or hard copy records)			
• Historic properties			
• Unique or specialized equipment			
• Computers or other technology			
• Other (describe below)			
Are there any construction projects underway at the department's premises?			

	YES	NO	N/A
Is there an exterior security system at each department location?			
Are there interior security devices within each department location?			
Are any of your department's premises or operations targets for violent behavior or vandalism?			
Does your department have operations within its premises that require heightened security and/or restricted entry? If YES, identify below.			
Does your department regularly inspect its premises and correct dangerous conditions that could cause an injury or property damage?			
<ul style="list-style-type: none"> • If YES, does your department keep records of each inspection and any actions taken to remedy dangerous conditions? 			
Do members of the public regularly come to your department's premises?			
Who has the primary responsibility for maintenance and repair of dangerous conditions on your premises? Include position(s) or working title(s) in the space below.			
11. Emergency Plans	YES	NO	N/A
Does your department have an evacuation and emergency plan for each facility?			
Does your department's plan designate positions in each work unit who are to take charge in an emergency?			
Are evacuation routes in your premises clearly marked, including lighted "EXIT" signs as required by the building code?			
Does your department perform periodic formal evacuation drills?			
Does each work unit have an emergency contact list, and phone hot-line to locate employees?			

	YES	NO	N/A
Does your department have contingency or operational continuity plans to ensure that operations can continue if the premises or other important property or equipment are damaged or destroyed, or supply chains of lifeline services or other critical supplies are interrupted?			
Are the premises located in an area exposed to natural hazards, such as floods?			
Is there an emergency plan in your department for natural disasters?			
Is there an emergency plan in your department for terrorism, riots, and civil disturbance?			
Is there an emergency plan in your department for bomb threats and violence in the workplace?			
Who has the primary responsibility within your department for emergency planning? Include position(s) or working title(s) in the space below.			
12. Workers' Compensation	YES	NO	N/A
Do you have a list of your department's occupational injuries and illnesses over the past few years?			
Does your department participate in investigating work related injuries/illnesses?			
Does your department participate in managing workers' compensation claims?			
Does your department have workers' compensation policies and procedures that are different from or that supplement entity-wide procedures?			
Does your department have a return to work program for employees with work related injuries or illnesses?			
Does your department have an employee wellness program or fitness contract?			
Do any of your department's employees sign a no-smoking contract?			
Who is primarily responsible for the workers' compensation program in your department? Include position(s) or working title(s) in the space below.			

13. Workplace Safety	YES	NO	N/A
Does your department have an Occupational Safety and Health (OSHA) compliance program?			
Does your department keep an OSHA injury log?			
Does your department follow OSHA mandated training and safety procedures?			
Does your department perform regular workplace safety inspections?			
Does your department conduct ergonomic evaluations of the workplace?			
Does your department maintain any written records of hazards identified and corrections made?			
Does your department perform safety inspections of its motor vehicles and mobile equipment?			
Does your department perform safety inspections of its fixed location machinery and equipment?			
Does your department perform safety inspections of its tools and personal protective gear?			
Is each department employee responsible to identify and correct safety hazards within the scope of his or her job?			
Does your department maintain written records of all safety inspections performed, hazards identified and corrections made?			
Does your department provide checklists or other written guidelines for safely performing dangerous tasks or operations?			
Does your department have written safety procedures that supplement an entity-wide safety manual?			
Does each employee receive a copy of the safety manual(s) that apply to your department's operations?			
Does your department participate in an entity-wide safety committee?			
Does your department have its own internal safety committee(s)?			
<ul style="list-style-type: none"> • If YES, does your department have any written policies/procedures related to your department safety committee? 			
Do any of your department's employees work with hazardous materials, e.g. chemicals?			
Do any of your department's employees use eye protection while working?			

	YES	NO	N/A
Does your department have an easily accessible eye wash?			
Does your department have a written infection control policy and procedures (for example, to address bloodborne pathogens and tuberculosis)?			
Do any of your department's employees work in confined spaces, e.g. sewer or tanks?			
Do any of your department's employees work on construction projects?			
Do any of your department's programs work with electricity, on electrical powered equipment, or with other hazardous energy sources?			
Do any of your department's employees use respirators while working?			
Do any of your department's employees work with hazardous tools, e.g tools with moving parts such as saws?			
Do any of your department's employees work in tree trimming operations?			
Who is primarily responsible for your department's workplace safety and OSHA compliance program? Include position(s) or working title(s) in the space below.			
14. Contracts and Insurance Certificates	YES	NO	N/A
Does your department enter into contracts?			
Are your contracts reviewed by a department representative to identify liability issues?			
<ul style="list-style-type: none"> • If YES, do contract reviewers have a template or basic requirements to guide their review? 			
Does your department have a standard contract form and/or standard insurance coverage requirements and standard indemnity and hold harmless language it requires for all its contracts?			
<ul style="list-style-type: none"> • If YES, does anyone within the department have the authority to make changes in the contract form or other language requirements? 			
Do you participate in a joint government purchasing order with other jurisdictions?			
Do you collect and maintain insurance certificates from organizations with which you have contracts or other relationships, including organizations that conduct special events on your premises?			

	YES	NO	N/A
<ul style="list-style-type: none"> If YES, does your department have an insurance certificate management procedure? 			
Does your department have back-up suppliers and plans to obtain any of the following in an emergency?			
<ul style="list-style-type: none"> Utilities 			
<ul style="list-style-type: none"> Alternative communications (e.g. phones, computers) 			
<ul style="list-style-type: none"> Food and water 			
<ul style="list-style-type: none"> Data and record replacement 			
<ul style="list-style-type: none"> Alternative premises 			
<ul style="list-style-type: none"> Transportation to alternative premises 			
<ul style="list-style-type: none"> Cots, blankets, and other arrangements for temporary stay 			
Who is primarily responsible for managing your department's contractual relationships? Include position(s) or working title(s) in the space below.			
15. Other Feedback			
Is there any additional information you think we should have about your department's risk management program? If so, enter it in the space below or attach additional sheets.			
Thank you for taking the time to answer this questionnaire! For more information about PERI Consulting Services call 703-352-1846.			