



# Home Meeting Safety and Health

*This form must be completed annually for troops meeting in a private home.  
Please return to your Member Services Specialist.*

Leader's Name \_\_\_\_\_ Troop Number \_\_\_\_\_

Leader Contact Phone \_\_\_\_\_ Leader e-mail \_\_\_\_\_

Address of troop meeting location \_\_\_\_\_

Name of homeowner/renter if other than leader listed above: \_\_\_\_\_

### Safety and Health Checklist

- Do you have homeowner or renter insurance?       Yes       No
- Does the home have working smoke detectors?       Yes       No
- Are firearms and ammunition kept under lock?       Yes       No
- Is there more than one clear exit out of the meeting area in case of fire (may be a window)?       Yes       No
- Are pets secured away from the meeting area and access to girls?       Yes       No
- Are steps and walkways clear of trip and fall hazards?       Yes       No
- Are toilets and handwashing facilities available?       Yes       No
- Is a first aid kit available?       Yes       No
- Is a telephone available and operational?       Yes       No
- Are chemical cleaning solutions and medications properly stored to prevent access?       Yes       No
- Is access restricted to sports equipment such as archery equipment, trampolines, darts, etc.?       Yes       No
- Are barriers or warnings provided for woodstoves and heaters?       Yes       No

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

### **Adult Household Members' Information**

**Please Note:** If a group meeting or activity is being held in a private residence all persons 18 years or older who reside at that residence must successfully complete a criminal background check prior to the first meeting. The background check will be valid for three (3) years from the date the background check is completed.

List all 18 year+ Persons Residing in the Household (continue on back if necessary)

Name	E-mail	Cell Phone Number