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 Organization Name \_\_\_\_\_

# Camp Risk Management Checklist

	Yes	Needs Attention
1. Is leadership committed to risk management?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are safety responsibilities assigned and audited?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a written safety and health program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide information about the camp's health management practices to parents of campers with special medical needs, and do you provide enough staff to meet those needs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have effective safety rules and policies?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are safety rules and policies enforced?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a safety coordinator?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a health and safety committee?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have emergency response procedures, including notification of authorities and parents?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have written, job-specific safety training guides?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you conduct systematic and objective safety inspections?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you investigate accidents to prevent repeats?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have effective claim management procedures?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you offer an early return-to-work program?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you keep detailed records and analyze accident data?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have a positive incentive program for safety promotion and awareness?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are your accident rates good or improving?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are the frequency and seriousness of workers' compensation claims good or improving?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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