



Risk Management Services

UNOCCUPIED OR VACANT BUILDING CHECKLIST

Facility _____ Survey by _____
Location _____ Date _____

Building Walkthrough	Checklist
Close all unnecessary openings and make sure buildings are watertight	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check outside of building(s) for any sign of vandalism or breakage	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that all roof drains and drainage lines are free from blockage or debris	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Secure any works in progress, temporary buildings and offices, scaffolding, and trailers	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the emergency lighting and exit signs are still functioning	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the security camera feeds are still operational in all areas	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the building HVAC and temperature are functioning properly to avoid any possible freezing if overnight temperature drops (maintain minimum temperature of 55 degrees and maximum temperature of 85 degrees)	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check the roof for damage or evidence of unauthorized access	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Water Supply and Fire Alarms	
Check that the public water supply is in service	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the fire department connection is accessible	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the fire alarm system is operational	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the fire department caps are in place	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that the public fire hydrants are accessible	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Run the fire pump weekly for a minimal amount of time: Diesel Pump (30 min), Electric Pump(10 min)	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check the fire extinguishers, sprinkler control valves, and other fire protection equipment	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Any utilities not needed for protection or security of the building must be turned off	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Utilize water sensors for leak detection	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Disconnect any external hose connections	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check for any signs of water leakage (toilets, sinks, ice makers) and isolate and shut off any that are not in use	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Utilities	
Check that the main water shut off is labeled for the building	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Make sure HVAC is functioning correctly - if can be monitored remotely, alarms should be set	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Visually check any transformers, substations, or large breaker boxes	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Ensure proper lighting - maintain exterior and interior lighting	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Make sure any electrical power strips are unplugged	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that no space heaters are plugged in or in use	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Check that any large electrical devices not critical to building conditions are unplugged to prevent from overheating or electrical surge	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Any fuel supplies to premises not in use for protection or security of the building should be shut off	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Request utilities companies notify you of any high usage spikes	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>

UNOCCUPIED OR VACANT BUILDING CHECKLIST - *continued*

Inventory, Miscellaneous Storage or Equipment	Checklist
Review inside storage arrangement and relocate all susceptible materials to safe areas away from windows	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
If possible, relocate outside equipment inside	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Secure any flammable or combustible materials into an appropriate space	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Ensure data processing software, files, records, etc. have been properly backed up and stored off-site	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Cover computers and stock with waterproof covers	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Secure any valuable equipment or items in a secure area	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
If a security guard service is in place, ensure rounds are being completed	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Notify local police that the building may be unoccupied and ask to be informed of any vandalism or entry attempts	Yes <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>

Additional Comments: _____

CONTACT

For questions about your organization’s risk management needs and information on PHLY’s Risk Management Services, please contact PHLY RMS:

PHLY RMS:

Phone: 1.800.873.4552 #4 (Mon-Fri 8:30 a.m. - 5:00 p.m. ET)

E-mail: phlyrms@phly.com

PHLY Claims for adjusting and related services:

Phone: 800.765.9749

E-mail: claimsreort@phly.com

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