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 Organization Name

## Cold Weather Maintenance Checklist

	Yes	Needs Attention
1. Do you have a qualified professional inspect your entire roof regularly to make sure that the roof surface, flashings, caulking, and sealants are watertight?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are your gutters, downspouts, and drains clear of debris that could trap water, ice, or snow on the roof?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your outdoor steps and hand railings in good shape to help prevent slips and falls from occurring on slippery walkways?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you seal the draft areas around doors and windows and replace worn weatherstripping?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your ceilings and walls have extra insulation where needed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are your outside spigots shut off, and are shut-off valves to all exterior faucets closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are your water hoses detached, coiled, and stored off the floor to prevent mildew growth?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you insulate pipes that are exposed to extreme cold to prevent them from freezing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a snow-removal plan to keep all parking lots, walkways, and entrances free of ice and snow?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a designated person check on the building on a daily basis during cold snaps?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use remote monitoring of building temperature and water pipes to protect against flooding from frozen pipes?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you maintain a good stock of winter supplies for vehicles, like antifreeze, sidewalk salt, gloves, and snow removal equipment?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you maintain an up-to-date list of emergency phone numbers for needs like snow removal, service and repair contractors, utility companies, the local weather station, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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