



**ANNUAL BRANCH INSPECTION REPORT**  
**DATE OF INSPECTION:** \_\_\_\_\_

**DISTRICT/ZONE** \_\_\_\_\_ **BRANCH NO:** \_\_\_\_\_ **LOCATION/TOWN:** \_\_\_\_\_

**ASSISTANCE REQUIRED?**  YES  NO If yes state reasons in Zone Commander comments

**INSPECTION OCCURED AT:**  General Meeting  Executive Meeting  Other  
(for other - provide details)

**BRANCH OPERATION**

1. Are Branch Premises  Owned  Leased
2. Are Renovations planned? If yes give details in Zone Commander comments \_\_\_\_\_
3. \*\*Insurance Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ (attach copy of schedule of coverages page ONLY)
4. Directors and Officers Liability Insurance - (if separate Policy) Expiry Date: \_\_\_\_\_
5. Do they have Volunteers Insurance  Yes  No
6. Municipal Tax Exemption  Yes  No Expiry Date: \_\_\_\_\_
7. Education Tax Exemption  Yes  No Expiry Date: \_\_\_\_\_
8. Liquor Licence  Yes  No Expiry Date: \_\_\_\_\_
9. Per Capita Tax paid up to date  Yes  No
10. Does Branch receive lease income  Yes  No If yes – monthly amount \$ \_\_\_\_\_
11. Does Branch have a Ladies Auxiliary  Yes  No  
If yes is relationship good?  Yes  No Comments: \_\_\_\_\_

**BRANCH GOVERNANCE**

12. Branch Regulations  Yes  No Date last certified: \_\_\_\_\_
13. Term of Office  1 year  2 years

BRANCH # \_\_\_\_\_

14. Are all Standing Committee Chairmanships filled?  Yes  No. Explain in Zone Commanders' comments
15. Did you examine the Minute Books for General and Executive Meetings  Yes  No  
If no explain why not in Zone Commander's comments
16. Are Minutes signed and motions properly recorded  Yes  No
17. Was Meeting conducted according to Legion procedures  Yes  No  
If no explain in Zone Commander's Comments:

## BRANCH FINANCES

18. \*\*Did you receive copies of the **Reviewed Year-End Financial Statements**  
 Yes  No
19. \*\*Were financial statements certified by the Financial Review Committee  Yes  No
20. Is a physical inventory done at least monthly  Yes  No If not, explain in Zone Commander's Comments
21. How often does the Branch Financial Review Committee meet? \_\_\_\_\_
22. General Account Bank Balance as at May 31<sup>st</sup> Year End \$ \_\_\_\_\_
23. General Account Bank Balance at time of visit: \$ \_\_\_\_\_
24. How often are Bank reconciliations done? \_\_\_\_\_ By whom? \_\_\_\_\_
25. \*\*Attach copies of current year-to-date Financial Statements to month end prior to visit  
Balance Sheet and Income & Expense (P&L) All Branch accounts except Poppy
26. Is a monthly financial statement made available to members  Yes  No  
 verbal  printed
27. Are expenditures approved by the membership according to Branch Regulations  
 Yes  No
28. Does the branch have financial investments?  Yes  No  
State investment amount(s) \_\_\_\_\_
29. Petty Cash Amount \$ \_\_\_\_\_ Bar floats amount \$ \_\_\_\_\_  
Other Account Balances \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

BRANCH # \_\_\_\_\_

## LIABILITIES

30. Total Accounts payable amount at time of visit \$ \_\_\_\_\_
31. Monthly mortgage amount if applicable \$ \_\_\_\_\_
32. Active Line of Credit  Yes  No amount owing \$ \_\_\_\_\_
33. Loans payable  Yes  No amount owing \$ \_\_\_\_\_
34. Does the Branch have any long-term debts  Yes  No  
If yes state total amount \$ \_\_\_\_\_
35. \*\*HST  \*\*WSIB  \*\*SOURCE DEDUCTIONS   
paid up to date  Yes  No
36. Are all loans approved by Ontario Command  Yes  No

## LOTTERIES

37. Does the Branch sell Break Open Tickets (BOT)  Yes  No
38. Does the Branch conduct Raffles  Yes  No
39. Does the Branch hold Bingos  Yes  No
40. Does the Branch take Municipal approved eligible use percentage more than 2%  
 Yes  No If yes state percentage amount \_\_\_\_\_ %
41. Is a monthly financial statement made available to members  Yes  No  
 verbal  printed
42. Are expenditures approved by the membership  Yes  No
43. Current Lottery Trust Account Balance
- |                        |          |
|------------------------|----------|
| BOT                    | \$ _____ |
| RAFFLE                 | \$ _____ |
| BINGO                  | \$ _____ |
| (provide detail) OTHER | \$ _____ |

## EMPLOYEES

44. Does the Branch have paid employees  Yes  No
- # of Employees \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Elect to Work \_\_\_\_\_ Contracted

BRANCH # \_\_\_\_\_

- 45. Are employees represented by a Union  Yes  No if yes - which Union: \_\_\_\_\_
- 46. Are employees covered by WSIB  Yes  No Rate per \$100 of payroll: \_\_\_\_\_
- 47. Does the Branch have written employment policy  Yes  No
- 48. Are employees given written Job Descriptions  Yes  No
- 49. Is there a written progressive discipline procedure  Yes  No
- 50. Is the current Employment Standards Act available to employees & Executive  
 Yes  No
- 51. Is the current Occupational Health & Safety Act available to Employees & Executive  
 Yes  No
- 52. Is the current Human Rights Act available and Ontario Command Policy posted  Yes  No
- 53. State any current concerns with paid employees \_\_\_\_\_  
\_\_\_\_\_

**ZONE COMMANDER'S COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**President's signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Zone \_\_\_\_\_ Signature \_\_\_\_\_

Date sent to District Commander \_\_\_\_\_

**If Branch requires Advisory Assistance send to Ontario Command immediately with a cc to the District Commander.**

BRANCH # \_\_\_\_\_

