



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

INSPECTION OCCURED AT: General Meeting Executive Meeting
 Other (District Commander's prior approval needed)

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 Previous Year Membership _____
10. Does Branch receive lease income Yes No If yes – monthly amount \$ _____
11. Does the Branch file a T1044 form? Yes No
12. Does Branch have a Ladies Auxiliary Yes No
If yes is relationship good? Yes No Comments: _____

BRANCH GOVERNANCE

13. Branch Regulations Yes No Date last certified: _____
14. Term of Office 1 year 2 years

BRANCH # _____

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

BRANCH FINANCES

19. **Did you receive copies of the **Reviewed Year-End Financial Statements**
 Yes No
20. **Were financial statements certified by the Financial Review Committee Yes No
21. How often does the Branch Financial Review Committee meet? _____
22. Is a physical inventory done at least monthly Yes No If not, explain in Zone Commander's Comments
23. General Account Bank Balance as at May 31st Year End \$ _____
24. General Account Bank Balance at time of visit: \$ _____
25. How often are Bank reconciliations done? _____ By whom? _____
26. **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
27. Is a monthly financial statement made available to members Yes No
 Verbal Printed
28. Are expenditures approved by the membership according to Branch Regulations
 Yes No
29. Does the branch have financial investments? Yes No
State investment amount(s) _____
30. Petty Cash Amount \$ _____ Bar floats amount \$ _____
Other Account Balances _____ \$ _____
_____ \$ _____

LIABILITIES

31. Total Accounts payable amount at time of visit \$ _____

BRANCH # _____

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

LOTTERIES

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

EMPLOYEES

45. Does the Branch have paid employees Yes No
_____ # of Employees: _____ Full Time _____ Part Time _____ Elect to Work
46. Does the Branch use outside contractors (snowplow, janitorial, etc.) Yes No
(If yes, please provide a separate list of the contractor(s) plus **Contract #** _____
to Zone Commander.)
47. Are employees represented by a Union Yes No if yes - which Union: _____
48. Are employees covered by WSIB Yes No Rate per \$100 of payroll: _____

BRANCH # _____

