



ANNUAL BRANCH INSPECTION REPORT

BRANCH EMAIL ADDRESS: _____

DATE OF INSPECTION: _____

DISTRICT/ZONE: _____ BRANCH NO: _____ LOCATION/TOWN: _____

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

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's 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 the Branch file a T3010 form? Yes No
13. Does Branch have a Ladies' Auxiliary Yes No
If yes is relationship good? Yes No Comments: _____

BRANCH GOVERNANCE

14. Branch Regulations Yes No Date last certified: _____
15. Term of Office 1 year 2 years
16. Are all Standing Committee Chairs filled? Yes No. Explain in Zone Commander's comments

BRANCH # _____

17. Did you examine the Minute Books for General and Executive Meetings Yes No
If no explain why not in Zone Commander's comments
18. Are Minutes signed and motions properly recorded Yes No
19. Was Meeting conducted according to Legion procedures Yes No
If no explain in Zone Commander's Comments:

BRANCH FINANCES

20. **Did you receive copies of the Reviewed Year-End Financial Statements
 Yes No
21. **Were financial statements certified by the Financial Review Committee Yes No
22. How often does the Branch Financial Review Committee meet? _____
23. Is a physical inventory done at least monthly Yes No If not, explain in Zone
Commander's Comments
24. Has there been a change in banking institutions or account numbers since the last Branch
Inspection? Yes No If yes please provide new EFT document and void cheque.
25. General Account Bank Balance as at May 31st Year End \$ _____
26. General Account Bank Balance at time of visit: \$ _____
27. How often are Bank reconciliations done? _____ By whom? _____
28. **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
29. Is a monthly financial statement made available to members Yes No
 verbal printed
30. Are expenditures approved by the membership according to Branch Regulations
 Yes No
31. Does the branch have financial investments? Yes No
State investment amount(s) _____
32. Petty Cash Amount \$ _____ Bar floats amount \$ _____
Other Account Balances _____ \$ _____
_____ \$ _____

BRANCH # _____

LIABILITIES

- 33. Total Accounts payable amount at time of visit \$ _____
- 34. Monthly mortgage amount if applicable \$ _____
- 35. Active Line of Credit Yes No amount owing \$ _____
- 36. Loans payable Yes No amount owing \$ _____
- 37. Does the Branch have any long-term debts Yes No
If yes state total amount \$ _____
- 38. **HST & **SOURCE DEDUCTIONS (most recent CRA Notice of Assessments)
**WSIB (most recent WSIB Statement) paid up to date Yes No
- 39. Are all loans approved by Ontario Command Yes No

LOTTERIES

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

EMPLOYEES

- 47. Does the Branch have paid employees Yes No

of Employees: _____ Full Time _____ Part Time _____ Elect to Work _____
- 48. 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.)

BRANCH # _____

- 49. Are employees represented by a Union Yes No if yes - which Union: _____
- 50. Are employees covered by WSIB Yes No Rate per \$100 of payroll: _____
- 51. Does the Branch have written employment policy Yes No
- 52. Are employees given written Job Descriptions Yes No
- 53. Is there a written progressive discipline procedure Yes No
- 54. Is the current Employment Standards Act available to employees & Executive
 Yes No
- 55. Is the current Occupational Health & Safety Act available to Employees & Executive
 Yes No
- 56. Is the current Human Rights Act posted Yes No
- 57. Branch Workplace Violence and Harassment Policy completed and posted Yes No
- 58. State any current concerns with paid employees _____

Inspection has been completed as per Command Policy and is accurate to the best of our knowledge.

President's signature: _____

ZONE COMMANDER'S COMMENTS

Print Name: _____ Zone _____ Signature _____

Date sent to District Commander _____

If Branch requires Advisory Assistance send to Provincial Headquarters immediately with a cc to the District Commander.

BRANCH # _____

DISTRICT COMMANDER'S COMMENTS

Print Name: _____ District _____ Signature _____

Date sent to Provincial Headquarters: _____

Send Copy to Branch Secretary after Zone and District Commanders comments completed and include reasons for Advisory Assistance recommended if applicable.

*** By signing this report Zone Commanders are verifying they have seen these documents, and everything is in order.**

BRANCH # _____