



BRANCH INSPECTION REPORT

Branch Submission Check List

- 1 copy of Reviewed Financial Statement - General Operating Account Balance Sheet & Profit & Loss Statement with previous year comparison and Financial Review Committee Certificate
- 1 copy of Reviewed Financial Statement – Lottery Trust Accounts, Balance Sheet & Profit and Loss Statement with previous year comparison and Financial Review Committee Certificate
- 1 copy of Reviewed Financial Statement any other authorized Bank Account Balance Sheet, Profit and Loss Statement with previous year comparison and Financial Review Committee Certificate
- 1 copy Current Year-to-Date Balance Sheet and Profit & Loss Statement for General Operating Account
- 1 copy Insurance Policy Schedule of Coverages **ONLY** not the policy (4 – 6 pages only)
- 1 copy each HST, WSIB, and Source Deductions

DATE OF INSPECTION: _____

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

BRANCH EMAIL _____

FINANCIAL ASSISTANCE REQUIRED YES NO If yes, state reasons in Zone Commander’s comments and **IMMEDIATELY FORWARD TO** branchinspection@on.legion.ca

EXECUTIVE TRAINING REQUIRED YES NO If yes, state reasons in Zone Commander’s comments

INSPECTION OCCURED AT: General Meeting Executive Meeting
 Other (state reason in Zone Commander’s Comments)

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 4 – 6 pages ONLY)
4. Directors and Officers Liability Insurance - (if separate Policy) Expiry Date: _____
5. Do they have Volunteers Insurance Yes No

BRANCH # _____

6. Liquor Licence Yes No Expiry Date: _____
7. Per Capita Tax paid up to date Yes No Previous Year-End _____ (Jan 31)
Current _____ (print from portal to show ZC)
8. Does Branch receive lease income Yes No If yes – monthly amount \$ _____
9. Does the Branch file a T1044 form? Yes No
10. Does the Branch file a T3010 form? Yes No
11. Does Branch have a Ladies' Auxiliary Yes No
If yes is relationship good? Yes No Comments: _____
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BRANCH GOVERNANCE

12. Branch Regulations Yes No Original Date certified: _____
Date Last Amended: _____
13. Term of Office 1 year 2 years
14. Are all Standing Committee Chairs filled? Yes No. (Explain in Zone Commander's 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 Year-End Financial Statements with Previous Years Comparison. Yes No
19. **Were Branch financial statements certified by the Branch Financial Review Committee Yes No
20. How often does the Branch Financial Review Committee meet? _____

BRANCH # _____

21. Is a physical inventory done at least monthly Yes No If not, explain in Zone Commander's comments
22. 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.
23. General Account Bank Statement Balance as at May 31st Year End \$ _____
24. General Account Bank Statement 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
(If no explain in Zone Commander's comments) verbal printed
28. Are expenditures approved by the membership according to Branch Regulations
 Yes No
29. Does the branch have financial investments? No
 Yes (see Investment/Bank Statement)

State investment amount(s) _____

30. Petty Cash Limit \$ _____ Bar floats amount \$ _____
- Other Account Balances _____ \$ _____
- _____ \$ _____

LIABILITIES

31. Total Accounts payable amount at time of visit \$ _____
32. Monthly mortgage/lease amount if applicable \$ _____
- Date of Renewal _____
33. Active Line of Credit Yes No amount owing \$ _____
34. Loans payable Yes No amount owing \$ _____
35. ****HST & **SOURCE DEDUCTIONS (most recent CRA Notice of Assessments)**
****WSIB (most recent WSIB Statement) paid up to date Yes No**

BRANCH # _____

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. Is the Branch taking advantage of the Lottery eligible use of 20% or more?
 Yes No If yes state percentage amount _____ %

41. Is a monthly financial statement made available to members Yes No
If no explain in Zone Commander's comments verbal printed

42. Are expenditures from Lottery approved by the membership Yes No

43. Current Lottery Trust Account Balance

BOT	\$	_____
RAFFLE	\$	_____
BINGO	\$	_____
CATCH THE ACE	\$	_____
(Provide detail) OTHER	\$	_____

EMPLOYEES

44. Does the Branch have paid employees Yes No

of Employees: _____
_____ Full Time _____ Part Time _____ Elect to Work

45. Who does the Branch use for outside contractors Yes No

Snow-plow _____ # _____
Janitorial _____ # _____
Grounds Maintenance _____ # _____
Other (specify) _____ # _____

(If yes, please provide a separate list of the contractor(s) plus Contract # to Zone Commander.)

46. Are employees represented by a Union Yes No if yes - which Union: _____

47. Are employees covered by WSIB Yes No Rate per \$100 of payroll: _____

48. Does the Branch have written employment policy Yes No

49. Are employees given written Job Descriptions Yes No

50. Is there a written progressive discipline procedure Yes No

BRANCH # _____

51. Is the current Employment Standards Act posted for employees & Executive
 Yes No
52. Is the current Occupational Health & Safety Act posted for Employees & Executive
 Yes No

53. Is the current Human Rights Act Code Card posted Yes No

54. Branch Workplace Violence and Harassment Policy completed and posted Yes No

55. State any current concerns with paid employees _____

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

Branch President's signature: _____

ZONE COMMANDER'S COMMENTS

*Print Name: _____ Zone _____ Signature _____

Date sent to District Commander _____ **Mandatory.**

DISTRICT COMMANDER'S COMMENTS

*Print Name: _____ District _____ Signature _____

Date sent to Provincial Headquarters: _____ **Mandatory.**
branchinspection@on.legion.ca

Send Copy to Branch Secretary after Zone and District Commanders comments completed and include reasons for advisory/training assistance recommended if applicable.

A Copy of the Completed Branch Inspection will be returned to the Branch, Zone Commander, and District Commander, after the SEO comments completed.

* By signing this report Zone Commanders and District Commanders are verifying they have seen these documents and reviewed all documents.