



## 2019 SOUTHWEST FLORIDA COUNCIL RISK MANAGEMENT AWARD

Visit: [swflcouncilbsa.org](http://swflcouncilbsa.org)



To qualify for the Southwest Florida Council Risk Management Award, the unit must complete (12) of the following requirements.

Pack, Troop, Crew or Post # (circle one) \_\_\_\_\_ Chartered Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Recharter Month \_\_\_\_\_ District \_\_\_\_\_

- |      | 2019<br>YEAR | 2020<br>YEAR | <u>MARK YES (Y) OR NO (N)</u> | (* Items are Required plus 2 additional item)   |
|------|--------------|--------------|-------------------------------|---|
| *1.  | ___          | ___          |                               | <b>Health and Safety Position.</b> Establish and maintain a Unit Health and Safety Chairman. <i>Our chairman is:</i><br>Name _____ Email: _____   |
| 2.   | ___          | ___          |                               | <b>Safety Check:</b> Conduct a safety check of the unit's meeting location using checklist in the <i>Guide to Safe Scouting</i> .   |
| *3.  | ___          | ___          |                               | <b>Adult / Youth Protection Training:</b> All registered adult leaders have up to date age appropriate Youth Protection Training -REQUIRED.<br><b>Youth / Youth Protection Video.</b> Unit shows the appropriate YPT DVD to youth at unit meeting and records attendance. Available @ Scout Office & Shop <b>Date:</b> _____ # youth ____ Unit has record on file: Y ___ or N ___ |
| *4.  | ___          | ___          |                               | <b>Adult Leader Training:</b> 75% of all leaders are leader position specific trained & have any other required training to be officially trained. % Trained ____ as of _____   |
| 5.   | ___          | ___          |                               | <b>First Aid/Cardiopulmonary Resuscitation (FA/CPR):</b> At least two of the unit adult leaders are currently trained in first aid and cardiopulmonary resuscitation (FA/CPR).  |
| 6.   | ___          | ___          |                               | <b>BSA Hazardous Weather Training &amp; BSA Wilderness First Aid Unit (Troops/Crews/Posts):</b> Have at least one leader trained or C.S. Packs must have at least one leader trained in <b>BALOO and BSA Hazardous Weather Training</b> .   |
| *7.  | ___          | ___          |                               | <b>First Aid Kit:</b> Verify that the first aid kit for the unit is up to date.   |
| *8.  | ___          | ___          |                               | <b>Guide to Safe Scouting:</b> The unit has a hard copy of the <b>Guide to Safe Scouting</b> or printed from on-line web address <a href="http://www.swflcouncilbsa.org">www.swflcouncilbsa.org</a> & a copy of the <b>SWFL Guidelines for Aquatics, Shooting Sports and Climbing</b> .   |
| *9.  | ___          | ___          |                               | <b>Unit Finance:</b> The unit files a Unit Money Earning Application Form with the Council for all money earning projects and has reviewed and adheres to BSA unit finance policies and procedures.   |
| *10. | ___          | ___          |                               | <b>Safe Swim Defense &amp; Safety Afloat:</b> All unit leaders-youth taken on-line training. Swim Tests done on regular basis.  |
| 11.  | ___          | ___          |                               | <b>Meeting Facility Inspection:</b> Conducted annually using B.S.A. meeting inspection form.  |
| 12.  | ___          | ___          |                               | <b>Aquatics Supervision:</b> At least 2 unit leaders are certified in either B.S.A. Aquatic Supervision and/or BSA Life Guard.  |
| 13.  | ___          | ___          |                               | <b>Health &amp; Safety or Risk Management Promotion:</b> The unit conducted a health & safety or risk management program for Scouts and/or leaders such as a bike safety or related project. _____ Date _____   |
| *14. | ___          | ___          |                               | <b>Liability Automobile Insurance levels:</b> Liability automobile insurance levels are checked on all unit drivers; are on file & coverage meets all min. FI. requirements. Unit equipment trailer's checked before each trip for tire wear and proper air.  |
| *15. | ___          | ___          |                               | <b>Medical Forms:</b> Medical Forms Parts A & B on file for all registered youth and adults (Part C recommended).   |
| *16. | ___          | ___          |                               | <b>Code of Conduct Policy:</b> Unit has a written Code of Conduct on file signed by youth and parent.   |

\_\_\_\_\_ Date Submitted

\_\_\_\_\_ District Health & Safety Chairman

\_\_\_\_\_ Unit Leader

**Instructions:** The completed application is to be submitted to the SWFL Council Office with your annual recharter. Ribbon to be awarded upon completion.

OFFICE USE ONLY: Date Received: \_\_\_\_\_ Verified \_\_\_\_\_  
Mailed: \_\_\_\_\_ Awarded in Person: \_\_\_\_\_