



SIGMA NU FRATERNITY, INC.

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House Corporation Guidelines

Self Assessment

Please use the following self assessment to gauge your chapter house facilities success towards fulfilling the suggested House Corporation Guidelines.

	Yes	No	In Progress
Safety & Security			
Inspected within the last 12 months by:			
Fire Inspector/Marshall	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Health Department	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Building Codes Officials	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Have all identified deficiencies been corrected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate number and type of fire extinguishers/serviced	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Adequate Emergency/Exit Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Evacuation Plan/Posted	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke/CO2 Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Wired	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Monitored	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Service Certificate	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Annual Process for Key Control/Combination Locks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke Free Housing	<input type="checkbox"/>	<input type="checkbox"/>	N/A
No Candle Policy	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fire Rated Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology & Scholastic Support			
High Speed Internet throughout house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Electrical Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated Study Space	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Quiet/Courtesy Hours	<input type="checkbox"/>	<input type="checkbox"/>	N/A
General Operations			
ADA Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contact Plan	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Active Risk Reduction Officer	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Good Maintenance and Repair Practices	<input type="checkbox"/>	<input type="checkbox"/>	N/A

House Corporation Guidelines

Self-Assessment

	Yes	No	In Progress
General Operations (continued)			
House is clean & organized	<input type="checkbox"/>	<input type="checkbox"/>	N/A
No flammables stored in the house	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trash Properly Stored	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Any other hazards	<input type="checkbox"/>	<input type="checkbox"/>	N/A
If yes, please describe:			

House Corporation Practices

Written Housing Agreements	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Attorney Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Itemized Bills	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Move In/Move Out procedures	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Operating in compliance with By-Laws	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Annual Meeting & Minutes	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Annual Financial Report	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Current Corporate Status	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Tax Compliance & Reports Current	<input type="checkbox"/>	<input type="checkbox"/>	N/A