



One-Percent Compliance Self-Audit Form Firemen's Insurance and Inspection Fund South Carolina State Firefighters' Association

(Please Print or Type)

Name of Fire Department _____ FDID# _____

County _____ FD Contact Name _____

Contact Daytime Phone _____ E-Mail Address _____

1. Is your Fire Department a member in good standing of the South Carolina State Firefighter's Association? YES _____ NO _____

2. Your Fire Department is a: Municipality _____ County _____ SPD _____

If Municipality:
Has the Municipality adopted a Building & Inspection Code? YES _____ NO _____
Has the Municipality adopted a Fire Prevention Ordinance? YES _____ NO _____

If County or SPD:
Does the Fire Department have a Building & Inspection Code? YES _____ NO _____

If None of the Above:
Does the department perform inspections based on the Fire Marshal's Minimum Standards?
YES _____ NO _____

3. Does the Fire Department have a Fire Inspector? YES _____ NO _____
Please Identify Fire Inspector: _____

4. Does the Fire Inspector make quarterly inspections of the public buildings within your district? YES _____ NO _____

5. Does the Fire Inspector file reports quarterly with the State Fire Marshal's Office?
YES _____ NO _____

6. Does the Fire Department file an Equipment Certificate with the State Fire Marshal's Office annually by October 31? YES _____ NO _____

7. Does the Fire Department consist of at least 10 members? YES _____ NO _____

8. Does the Fire Department have at least \$10,000 of equipment in service?
YES _____ NO _____

9. Does a Local Board of Trustees for your 1% fund exist? YES _____ NO _____
Please List: Chairman _____
Secretary _____
Treasurer _____
Member _____
Member _____

10. Are the Firemen's Insurance and Inspection Fund moneys deposited into a separate checking account used solely for that purpose? YES _____ NO _____

11. Does the Firemen's Insurance & Inspection Fund checking account require two signatures?
YES _____ NO _____

12. Which format does the Fire Department use for expense authorization:
Per Expenditure Request _____ Annual Budget Request _____

13. Are ALL expenditures approved by a majority of the Fire Department members and identified by signatures on the 1% Expenditure Approval Form (Form 201) or certified minutes of the department meeting prior to the purchase? YES _____ NO _____

14. Are all expenditures approved by the Local Board of Trustees prior to purchase? YES _____ NO _____

15. Are expenditures greater than \$100.00 approved by the State Supervisory Board prior to purchase? YES _____ NO _____

16. Is a copy of the 1% Expenditure Approval Form (Form 201) retained by the Fire Department? YES _____ NO _____

17. Are corresponding receipts and supporting documentation filed at the Fire Department with the 1% Expenditure Approval Form (Form 201)? YES _____ NO _____

18. Are the funds divided among the firefighters in cash or gifts? YES _____ NO _____

19. Are the expenditures made for the mutual benefit of all the firefighters? YES _____ NO _____

20. Are the funds used for any equipment required by the Insurance Service Office? YES _____ NO _____

21. Are any 1% funds used to purchase items that are the responsibility of the City/County/PSD to provide? YES _____ NO _____

22. Is the Fire Department's Insurance & Inspection Fund audited on a routine annual basis? YES _____ NO _____

23. Are monthly statements prepared showing the receipts and disbursements as well as the beginning and ending balance of the Firemen's Insurance and Inspection Fund? YES _____ NO _____

If YES, are these statements posted and available to the Fire Department Members? YES _____ NO _____

Please Provide the Signatures, Titles, and Dates for Each Individual(s) Completing This Audit:

Signature

Title

Date

Signature

Title

Date

Please return this form (Form 207) with the 1% Accounting Form (Form 206) to:

S.C. State Firefighters' Association
P.O. Box 211725
Columbia, S.C. 29221
(Phone) 803-454-1800 (Fax) 803-454-1801

For Association Use Only:

Recommend Follow-up Audit by CPA: YES _____ NO _____ CPA Assigned: _____

Assigned to Finance and Audit Committee: YES _____ NO _____ Date Assigned: _____