

# POST INSPECTION FORM 2023-2024

Inspection Date \_\_\_\_\_

DISTRICT \_\_\_\_\_ POST \_\_\_\_\_ NAME \_\_\_\_\_

The primary purpose of this inspection is to instruct and aid you in the correction of deficiencies, should they exist. The questions that have been asked are used to stimulate you and your officers in the areas that require extra attention and safeguarding, or are required by National By-Laws, State Regulations or Florida State laws. Should you need or desire any assistance in the areas that have been covered by this inspection, the District Inspector, District Commander, and the State Inspector will be available.

Inspectors will evaluate each question and circle either "YES" or "NO"  
All discrepancies must be explained at the end of form citing question number

This Inspection is based on month ending \_\_\_\_\_

## Adjutant

A1	Are the Adjutant records current and legible?	YES	NO
A2	Do Adjutant minutes reflect the following?		
	a) Have all expenditures been approved by the membership?	YES	NO
	b) Are all applications for new, reinstated, transferring members read for approval?	YES	NO
A3	Are member applications properly kept on file? <i>*Must see file*</i>	YES	NO
A4	Are By-Laws adopted in accordance with Section 202 of National By-Laws?	YES	NO
	Date of review and/or approved _____		
A5	Does the Post have proof of eligibility on file for all Post Officers, elected and appointed?	YES	NO
A6	Did the Post elect a new quartermaster?	YES	NO
	a) If yes, was an IRS form 8822b submitted?	N/A	YES NO

## Trustees (At least one trustee must be present)

T1	Do Trustees review and sign Quartermaster's monthly <i>Report of Receipts and Expenditures</i> ?	YES	NO
T2	Are Trustees verifying checks written against invoices/backup paperwork and does the ledger input match? (Must show proof)	YES	NO
T3	Are Trustees verifying deposits match receipts/register tapes/backup paperwork and matches ledger input? (Must show proof)	YES	NO
T4	Do Trustees audit all of the Quartermaster's accounts each quarter?	YES	NO
T5	Have all previous quarterly audits been submitted? (check last 4 Audits)	YES	NO
T6	Does ending and starting balance for each quarter correspond?	YES	NO
	If NO, what quarters do not correspond: _____		
T7	Are receipts deposited or turned over to Quartermaster at least weekly?	YES	NO
T8	Are the records of the Post Adjutant audited monthly?	YES	NO
T9	If Post has a Canteen; do Trustees audit a Canteen inventory at least monthly?	N/A	YES NO

## Quartermaster

Q1	Does the Post use a VFW uniform system of records and accounts?	YES	NO	
Q2	If using electronic books, do they have a backup?	N/A	YES	NO
Q3	Are the records kept at the Post home under the Quartermaster's control?	YES	NO	
Q4	Does Post Quartermaster have custody of all funds (including club, bingo/instant bingo)?	YES	NO	
Q5	Have all Post obligations been paid including dues to District?	YES	NO	
Q6	Are Quartermaster books available to the members when requested?	YES	NO	
Q7	Reconciled Account Balances			
	Checking Account (s) \$ _____			
	Savings Account(s) \$ _____			
	CD's and/or Bonds \$ _____			
	Cash on Hand \$ _____			
	Reconciled Balance Total \$ _____			
Q8	Does the bank statement(s) match the reconciled balances?	YES	NO	
Q9	Does the balance of accounts match the balance of funds?	YES	NO	
	Fund Balance \$ _____			
Q10	Is the Quartermaster bonded?	YES	NO	
	Amount of Bond \$ _____			
	Bonding Company _____ Expiration date _____			
Q11	Is the bond greater than the Reconciled Balance Total in Q7 above?	YES	NO	
Q12	Are all checks signed by the Quartermaster and/or another authorized person for <u>all</u> accounts	YES	NO	
Q13	If another person is authorized, is that person bonded?	YES	NO	
	Circle all that apply: Commander, Canteen Manager, or Bingo Chairman			
	Amount of Bond \$ _____			
	Bonding Company _____ Expiration date _____			
Q14	Is a monthly report made to the membership on all accounts?	YES	NO	
Q15	Does the Post distribute Buddy Poppies?	YES	NO	
Q16	Are Buddy Poppy receipts used for Relief Fund only?	YES	NO	
Q17	Does the Post carry all proper types of insurances?	N/A	YES	NO
	Liability Insurance			
	Name of Insurance Company _____			
	Policy Number _____ Coverage \$ _____			
	Expiration date of policy _____			
	Liquor Liability Insurance (if different from Liability Insurance Company)	N/A		
	Policy Number _____ Coverage \$ _____			
	Expiration date of policy _____			
	Worker's Compensation	N/A		
	Policy Number _____ Coverage \$ _____			
	Expiration date of policy _____			
Q18	Is the Department of Florida and National VFW listed as an additional insured?	YES	NO	
	<u>*Visual verification required*</u>			
Q19	Are payroll records maintained on all employees? (W4's, W9's on file), (if applicable)	N/A	YES	NO
Q20	Does Post issue W-2's for employees?	N/A	YES	NO
Q21	941, 940, RTC filed on time?	N/A	YES	NO
	Post Federal ID Number _____			

Q22	State Sales Taxed filed on time (DR15)? Post Sales Tax Number _____	YES	NO
Q23	Has IRS form 990 For FY 2022-2023 been filed by November 15 <sup>th</sup> ? Date of filing _____	YES	NO
Q24	Verify a copy has been sent to Dept Head Quarters.	YES	NO
Q25	Has Health Department fee been paid? Expires on _____ Number _____	N/A YES	NO
Q26	Does the Post have amusement machines? (If No; go to Q28)	YES	NO
Q27	Does the number of machines in Post-match the number listed on the permit? Amusement Permit Number _____ Expiration Date _____	YES	NO
Q28	Does the Post operate a Bingo to include Instant Bingo (pull tabs)? (If NO go to C1)	YES	NO
Q29	Are the State of Florida Bingo Laws available during a bingo session?	YES	NO
Q30	Are the names of the Bingo workers posted? (Instant bingo not applicable)	YES	NO
Q31	Is the Bingo Cashier or Chairman bonded? Bingo license number (if appropriate) _____ County of Post _____ Bonding Company _____ Amount of Bond \$ _____	YES	NO
Q32	Are net receipts turned over to Quartermaster?	YES	NO
Q33	Are Bingo records, including instant bingo, current and legible?	YES	NO

### **Commander**

C1	Does the Post have a Post Home? If owned, appraised value \$ _____ Monthly Payment \$ _____ Title holder's name _____ If renting, amount of rent \$ _____ Owner's name/address _____ _____	YES	NO
C2	Is Post incorporated? Document Number _____	YES	NO
C3	Did Post file an Annual Report with Florida Department of State? Date of filing _____	YES	NO
C4	Does the Post have a voucher system for the Commander to sign prior to Quartermaster making Disbursement? (Must see system Used)	YES	NO
C5	Does Post have a Canteen? (If NO; Inspection Complete) Form of management (circle one) Canteen Manager, House Committee, or Quartermaster	YES	NO
C6	Is the management answerable to Post membership?	YES	NO
C7	Is the VFW name on Liquor License? Name on License _____ License Number _____ Date of issue _____	YES	NO
C8	Has the membership adopted regulations for the operation of the Canteen?	YES	NO
C9	Are the Canteen rules posted in Post for everyone to see?	YES	NO
C10	The Canteen records are kept by (circle one) Canteen Mgr, House Committee, Quartermaster		

C11 Is the patronage limited to bona fide members and their guests? YES NO

C12 Does post allow smoking? If yes, List employees with membership number. (VFW or VFW Aux) YES NO

Position	Name	Membership Number
Canteen Manager	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Janitor	_____	_____
Other	_____	_____
Other	_____	_____

**All discrepancies must be corrected and the State Inspector notified of the corrections by 31 March 2023.**

ADDITIONAL INFORMATION AND COMMENTS BY THE DISTRICT INSPECTOR:

\*All questions with a NO circle must be answered here.\*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

**Post Commander, Post Quartermaster, Post Adjutant and Post Trustee;**

**By signing this inspection form, you are verifying and ensuring the accuracy of all the information provided on this inspection report**

\*Mail original to Department Headquarters (Inspection Report may be emailed to Dept HQ)\*

Adjutant  
(print) \_\_\_\_\_

Trustee  
(print) \_\_\_\_\_

Quartermaster  
(print) \_\_\_\_\_

Post Commander  
(print)

District Inspector  
(print) \_\_\_\_\_

Date Reviewed

Sate Inspector

(Post Inspection form revised November 13, 2023)