



VFW DEPARTMENT OF CALIFORNIA SUPPLEMENTAL INSPECTION REPORT FORM CONTROL OF UNITS

Post: _____ **District:** _____ **Date:** _____

REQUIRED FOR ALL POSTS/DISTRICTS:	YES	NO
1. Whenever there is an election of new corporate officers or at least every two years from the date of incorporation, a Statement of Information Form is filed with the Secretary of State's Office?		
2. Does the Post solicit or receive donations for a charitable program or hold assets for charitable purposes, and has the Form RRF-1 been filed with the Federal 990 or CT-TR-1 attached with the Registry of Charities and Fundraisers and is it current?		
3. Has the State FTB 199/199N been filed and is it current?		
Posts with Bingo/Lotto:	YES	NO
1. Does the Post have Bingo or Lotto?		
2. If yes, is the Chairman bonded?		
3. Are the funds separated from the Post operation account?		
Posts with Bar/Canteen:	YES	NO
1. Does the Post have a canteen or social club?		
2. If yes, is the ABC Type 52 Veterans Club License current?		
3. Is the health permit current?		
4. If catering occurs in the club hall, is ABC Type 58 Catering License current?		
5. Has the CDFTA sales taxes been filed and are they current?		
6. Does the club have a manager?		
7. If yes, is the manager bonded?		
8. Does the Post have liquor liability insurance?		
9. Have all servers successfully completed the Responsible Beverage Server training?		
Posts with paid Employees:	YES	NO
1. Does the Post have paid employees?		
2. Are there Form I-9s and W4s filed for each employee?		
3. Has EDD Form DE-9 been filed and is current?		
4. Has EDD Form DE-9C been filed and is current?		
5. Has Federal Form 940 been filed and is current?		
6. Has Federal Form 941 been filed and is current?		
7. Does the Post carry Worker's Compensation Insurance?		
8. Have all employees completed the State of California's mandatory annual sexual harassment training (Required if five (5) or more employees)?		

POST COMMANDER:

INSPECTOR:

The inspector shall provide a copy of each inspection to the Post Commander, District Inspector, and Department Inspector and set forth therein any constructive criticism and recommendations.
MAINTAIN IN POST FILE AS A PERMANENT RECORD.

COPY 1 – inspector@vfwca.org
COPY 3 – District Commander

COPY 2 –Deputy Department COS
COPY 4 – Post

**VFW DEPARTMENT OF CALIFORNIA
SUPPLEMENTAL INSPECTION REPORT FORM
INSPECTOR NOTES / DEFICIENCIES**

Post: _____ **District:** _____ **Date:** _____

Use the matching item code when documenting a deficiency. Additional pages may be attached if needed.

S1 - REQUIRED FOR ALL POSTS / DISTRICTS

S1-1 _____

S1-2 _____

S1-3 _____

S2 - POSTS WITH BINGO / LOTTO

S2-1 _____

S2-2 _____

S2-3 _____

S3 - POSTS WITH BAR / CANTEEN

S3-1 _____

S3-2 _____

S3-3 _____

S3-4 _____

S3-5 _____

S3-6 _____

S3-7 _____

S3-8 _____

S3-9 _____

S4 - POSTS WITH PAID EMPLOYEES

S4-1 _____

S4-2 _____

S4-3 _____

S4-4 _____

S4-5 _____

S4-6 _____

S4-7 _____

S4-8 _____
