Washington County LOSAP Committee

LOSAP Review

Companies are expected to maintain records and comply with the recommendations and regulations promulgated by the Washington County LOSAP Committee of WCVA, the Washington County Commissioner’s LOSAP Program and the State of Maryland Point’s System and Tax Modification Programs.

The review is designed to promote compliance and provide training and guidance to the member company’s LOSAP Coordinators and Officers.

Areas of Review

Files

- Organized and up to date
- Complete with all applications
- Individual records for each volunteer
- Following records management guidelines

Software

- Kept in a secure environment
- Accessible and accessed by both Coordinators
- Transmissions functional

Data and Entry

- Forms available for all hours and points entered
- Forms entered timely upon receipt
- Forms properly completed and authorized
- Policy for handling officer and committee 25 points
- Policies in place for all types of point tabulation that may be unique to company
- Policies in place for attendance verification for meetings and group events
- Policy in place and adhered to if there are compensated personnel
- Data verification and postings timely available to volunteers
- Process for preparation of benefit award forms to ensure all are done on time in Oct.
- Are volunteers marked properly
- Notifications of suspensions and other anomalies
- Specialty entries handled properly (fire police, outside training etc)

Personnel

- Officers understand their responsibilities and the committee and appointment process
- Personnel understand their responsibilities and obligations
We the undersigned as part of the review of Company ________________________, on __________________________ complete the below form as part of the review. The Review performed meets the guidelines as set forth by the Washington County Volunteer Fire and Rescue Association’s LOSAP Committee, for which the undersigned committee members have completed in an unbiased and open manner. The review is designed to promote compliance and provide training and guidance to the member company’s LOSAP Coordinators and Officers.

Although the review process requires the visual inspections of records and verification of forms, the majority of the review is performed by the interview and questioning of the Coordinators and Officers.

Review:

- Y N Was there a POSTING REPORT posted in a prominent place? Date of Report_________________

- Y N Does your Company hold an ORIENTATION for new volunteer members?

- Y N Are blank reporting forms easily available to volunteers?

Filing System:

- Y N Is there an INDIVIDUAL LOSAP FOLDER for each volunteer member with point forms?
  If not__________________________________________________________________________

- Y N Is there a COMPLETED LOSAP APPLICATION in each volunteer’s folder who joined after 1996?
  If not____________________________________

How do they handle LOSAP Membership Applications:___________________________________________

____________________________________________________________________________________

Other comments relating to filing:________________________________________________________________

____________________________________________________________________________________

Software:

- Y N Is the program and data secure?_____________________________________________________

  Who has access and do both Coordinators use program?_____________________________________

- Y N Is training requested for software operation? Verify transmission:________________________

Company Personnel:

Company Officers Present:_________________________________________________________________

Coordinators Present:___________________________________________________________________

Company Personnel Demeanor and cooperation:______________________________________________
LOSAP Review of ________________________________

Continued

**Data and Entry:** (This section will require verification of forms and information – use current posting report to choose random volunteers for review or to select specific volunteers to check specific items.)

Initial questions relate to Volunteer Data Information:

In the Search Volunteer Information Screen are proper active codes used?  [ **Y**= Yes the Volunteer is ACTIVE ]  
[ **N**= No the Volunteer is NOT ACTIVE ]  [ **D**= Deceased Volunteer ]

How are Changes of Name/Address handled:_____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

When and how often are Change of Company Affiliation forms recommended:______________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

How are suspensions handled:____________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

How is committee credit for 25 points handled:____________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

You should identify and review at least 2 volunteers with officer points for verification

**Y  N**  Do they have compensated employees who also volunteer here:

    If yes how do they keep the information separate:_____________________________________________

________________________________________________________________________________________

You should identify and review at least 2 compensated employees for verification

**Y  N**  Is there a system in place for accountability for attendance at MEETINGS, COMMITTEE EVENTS and other GROUP ACTIVITIES?

    If not:_________________________________________________________________________________

List random Volunteers reviewed:
_______________________________________________________________________________________
_______________________________________________________________________________________
LOSAP Review of ________________________________

Continued

Y  N  Was the volunteer’s **SOCIAL SECURITY NUMBER** on each individual LOSAP form Audited?
   If not:__________________________________________________________

__________________________________________________________

Forms Properly Completed:______________________________________

__________________________________________________________

Y  N  Are Forms entered timely and accurately?
   If not:__________________________________________________________

List any policies unique to this company:____________________________

How are Alarms Documented?_____________________________________

__________________________________________________________

Y  N  Do they have fire Police?
   If Yes, are forms reviewed for company relevance, other issues for FP _______________________

__________________________________________________________

Training Issues?________________________________________________

__________________________________________________________

Standby Issues?________________________________________________

__________________________________________________________

Duties Approved/Issues___________________________________________

__________________________________________________________

How are benefit awards forms handled for October filing?_______________

__________________________________________________________

What is the disposition of undelivered Tax Modification/LOSAP forms:__________________________

__________________________________________________________
LOSAP Review of_____________________________________

Other Issues or observations
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Summary

The following variations from procedures or violations were found during this Review:

Recommendations for Corrective Action:

The following deserve special mention and/or commendation for operations within this company.

We the undersigned agree that all statements documented above are true to the best of our knowledge and both the Company President and LOSAP Coordinators further certify that there are no other items or issues which are inconsistent, contrary or otherwise improper with the LOSAP/Point System within this company.

Date Signed: ______________

____________________________
LOSAP Committee Member

____________________________
LOSAP Committee Member

____________________________
LOSAP Committee Member

____________________________
Company President/Officer Present

____________________________
Company LOSAP Coordinator

____________________________
Company LOSAP Coordinator

Losap Committee Member – Company Liaison