

Playground Inspection Form

Site / Organization: _____

Playground Location: _____

Date: _____ Time: _____

Inspector Name: _____

Inspector Title / Role: _____

Weather Conditions: _____

Type of Inspection:

- Frequent visual check
- Periodic documented inspection
- Post-incident inspection
- Seasonal inspection
- Other: _____

General Site Conditions

Housekeeping and access

	NA	Yes	No
Trash, debris, or other foreign objects present:		<input type="checkbox"/>	<input type="checkbox"/>
Evidence of vandalism or unauthorized use:		<input type="checkbox"/>	<input type="checkbox"/>
Fencing, gates, or perimeter controls in acceptable condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage present and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-group separation clear where applicable:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Surfacing and Use Zones

	NA	Yes	No
Impact-attenuating surfacing present in use zones:		<input type="checkbox"/>	<input type="checkbox"/>
Surfacing appears adequately maintained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of displacement, rutting, erosion, or compaction:		<input type="checkbox"/>	<input type="checkbox"/>
Tripping hazards present in surface area:		<input type="checkbox"/>	<input type="checkbox"/>
Standing water or drainage concerns present:		<input type="checkbox"/>	<input type="checkbox"/>
Exposed hard surface beneath loose-fill material:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mats or unitary surfacing damaged, separated, or worn:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use zones clear of obstacles:		<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Equipment Condition

	NA	Yes	No
Structural components secure and stable:		<input type="checkbox"/>	<input type="checkbox"/>
No visible shifting, movement, or tipping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No broken, cracked, bent, rusted, or warped parts:		<input type="checkbox"/>	<input type="checkbox"/>
Platforms, steps, ladders, and climbers in acceptable condition:		<input type="checkbox"/>	<input type="checkbox"/>
Guardrails and protective barriers present and secure where applicable:		<input type="checkbox"/>	<input type="checkbox"/>
Swing components in acceptable condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slides in acceptable condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasteners, bolts, and caps secure:		<input type="checkbox"/>	<input type="checkbox"/>
No sharp edges or hazardous protrusions:		<input type="checkbox"/>	<input type="checkbox"/>
No exposed or damaged footings or anchors:		<input type="checkbox"/>	<input type="checkbox"/>
No uncapped tube ends or similar openings of concern:		<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Entanglement, Entrapment, and Strangulation Hazards

	Yes	No
No exposed ropes, cables, wires, or similar components creating concern:	<input type="checkbox"/>	<input type="checkbox"/>
No openings or gaps creating entrapment concern:	<input type="checkbox"/>	<input type="checkbox"/>
No hardware or projections likely to snag clothing or cords:	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Supervision and Use Conditions

	NA	Yes	No
Sightlines for supervisors are adequate:		<input type="checkbox"/>	<input type="checkbox"/>
Overcrowding observed:		<input type="checkbox"/>	<input type="checkbox"/>
Misuse of equipment observed:		<input type="checkbox"/>	<input type="checkbox"/>
Children eating or drinking on equipment observed:		<input type="checkbox"/>	<input type="checkbox"/>
Playground rules communicated or posted as appropriate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff understand emergency response expectations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Emergency Readiness

	NA	Yes	No
First aid supplies available in close proximity:		<input type="checkbox"/>	<input type="checkbox"/>
Reliable communication method available to call for help:		<input type="checkbox"/>	<input type="checkbox"/>
Emergency response equipment available as applicable to site:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff know where emergency supplies and equipment are located:		<input type="checkbox"/>	<input type="checkbox"/>
Access route for emergency responders reasonably clear:		<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Environmental Conditions

	Yes	No
Wet, icy, or slippery conditions present:	<input type="checkbox"/>	<input type="checkbox"/>
Excessive heat on equipment or surfaces present:	<input type="checkbox"/>	<input type="checkbox"/>
Weather-related hazards affecting safe use:	<input type="checkbox"/>	<input type="checkbox"/>
Tree roots, overgrowth, insect activity, or other site hazards present:	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Deficiencies and Corrective Actions

Deficiency 1

Location / Equipment: _____

Description: _____

Risk Level: Low Moderate High

Immediate Action Taken: _____

Corrective Action Needed: _____

Assigned To: _____

Target Completion Date: _____ Date Completed: _____

Deficiency 2

Location / Equipment: _____

Description: _____

Risk Level: Low Moderate High

Immediate Action Taken: _____

Corrective Action Needed: _____

Assigned To: _____

Target Completion Date: _____ Date Completed: _____

Deficiencies and Corrective Actions

Deficiency 3

Location / Equipment: _____

Description: _____

Risk Level: Low Moderate High

Immediate Action Taken: _____

Corrective Action Needed: _____

Assigned To: _____

Target Completion Date: _____ Date Completed: _____

Out-of-Service Determination

Yes **No**

Any equipment removed from service:

If yes, identify equipment: _____

Method used to restrict access: _____

Follow-up required: _____

Final Inspection Summary

Yes **No**

Playground acceptable for continued use: Limited use

Reinspection required:

Reinspection date: _____

Additional Notes: _____

Sign-Off

Inspector Signature: _____

Date: _____

Supervisor / Reviewer: _____

Date: _____

