North Coast Schools' Insurance Group

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Periodic* Playground Maintenance Safety Inspection Form

*Inspection Frequency ___ Weekly ___ Bi-Monthly ___ Monthly

	School Name		Inspection Date:			
	Employee's Name		Time of Inspection:			
	Hazard Ratings: 1 Serious injury risk 2 Minor injury risk	3 No	n-compliant			
		ОК	Deficiency Noted	Hazard Rating	Date Corrected	
1.	Site drainage is functioning properly.		Hoteu	Nating	Corrected	
2.	Daily maintenance has been adequate for keeping the site and playground equipment free of debris (rocks, glass, nails, food containers, toys, razor blades, needles, broken parts, fire damage or any other foreign objects above and below grade) and suitable for play.					
3.	Loose fill safety surfacing materials smooth and being maintained at its minimum required depth of 9 inches under and around all playground equipment (pay special attention to area at the end of slides and under swings).					
4.	All climbers, rails, steps, rungs, seats and their respective attachment hardware are secure and intact.					
5.	All equipment has been inspected for stability and overall integrity.					
6.	All post bases have been inspected for integrity at the ground line or at the concrete footing contact points.					
7.	All socket and collar connections are intact and secure.					
8.	All hardware (nuts, bolts, screws, etc.) were inspected and remain in place and secure.					
9.	No potential clothing entrapment hazards (e.g. protruding nuts, bolts or screws or open "S" hooks).					
10.	All caps and plugs are in place.					
11.	No components or parts are missing or broken					
12.	No concrete footings are exposed.					
13.	All swivels and moving parts are not excessively worn (pay special attention to tire swings, belt swings and track rides)					
14.	Plastic is not cut or cracked.					
15.	All chains are in good condition and not excessively worn, especially at connection points.					
16.	There are no ropes or strings attached to the equipment.					
Provi	de additional information if a deficiency is noted:					