

## PLAY GROUND MONTHLY SAFETY EVALUATION REPORT

CENTER: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

PERSON COMPLETEING SAFETY CHECK: Name: \_\_\_\_\_ Staff: \_\_\_\_\_ Parent: \_\_\_\_\_ Volunteer: \_\_\_\_\_

AREA	EVALUATION TOTAL	COMMITMENT FOR FAIR & POOR AREAS
SUPERVISION	GOOD ___ FAIR ___ POOR ___	
PLAYGROUND EQUIPMENT PROFILE	GOOD ___ FAIR ___ POOR ___	
KINDS OF EQUIPMENT	GOOD ___ FAIR ___ POOR ___	
FALL SURFACING/ EQUIPMENT	GOOD ___ FAIR ___ POOR ___	
AGE APPROPRIATE DESIGN	GOOD ___ FAIR ___ POOR ___	

IMPROVEMENT AREAS / FOR MAINTENANCE WORKORDER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by Health Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Work order filled out: Date: \_\_\_\_\_

Work order completed/repairs made: \_\_\_\_\_