

Name of school: \_\_\_\_\_ Week Commencing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLAY AREA SAFETY INSPECTION										
Tick Boxes as appropriate										
Time (am/pm) Day of the Week	Monday		Tuesday		Wednesday		Thursday		Friday	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Visual daily condition check										
No obvious hazards from usage or weather conditions										
No evidence of vandalism/damage										
Loose Impact absorbing surfaces depth satisfactory (300mm)										
Fixed Impact absorbing surfaces firmly secured										
Impact absorbing surfaces free from contaminates e.g. glass, faeces, sharp objects										
All fixings are secured										
All suspension shackles are satisfactory										
Date										
Signature										

N.B. A summary log of this inspection needs to be recorded

Headteacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_