

PE FACILITIES INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ AREA _____

Instructions. Check (✓) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

Condition	N/A	Sat	Unsat	Comment/Location
GENERAL FACILITY AREA FLOORS				
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No trip hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No cords across walkway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TENNIS COURTS				
Court surface in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cracks filled/repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaves removed from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BASKETBALL COURTS				
Court surface in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cracks and bulges filled/repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nets and backboards in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaves removed from surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GYMNASIUM				
Area clean and free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers free of splinters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoops, nets, backboards in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

PE FACILITIES INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ AREA _____

Instructions. Check (✓) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

Condition	N/A	Sat	Unsat	Comment/Location
SWIMMING POOLS				
Area free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pool water is clean and clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diving boards and ladders in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete surfaces free of cracks and holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pool area free of standing water (algae)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pool filter covers secured inside pool to ensure suction hazard does not exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life -saving equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WEIGHT ROOM				
Area is supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area is free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weights and equipment properly racked and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machine cables are secured and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aisles free from tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor matting available where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LOCKER ROOM AREAS - MEN AND WOMEN				
Clean and free from tripping/slipping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Metal lockers maintained, free of sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benches/chairs in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical systems in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

Inspector's Signature _____
Print Name