

Low Frequency Inspection Form (2-3 times a year)

Site Name: _____

Inspector Name: _____ Date: _____ Start/Finish Times ____/____

Repairer Name: _____ Date: _____ Start/Finish Times ____/____

Use the following codes: 1=Okay 2=Needs Maintenance 3= Request for Repair
O= Supervisor Nofitified and work order written X- Corrective Action Complete

Area	Code	Inspection Comments	Repair Comments
Vandalism: Damage, graffiti, glass, trash, etc.			
Loose or missing hardware			
Chains (kinked, twisted, broken)			
Components Secure (no loosening)			
Chains (kinked, twisted, broken)			
Swing Seats (cut, cracked missing)			
Wood (rotten, cracked, missing)			
Remove foreign objects, (ropes, chains, wood, etc.)			
Sweep walkways, platforms, steps			
Footers (concrete) exposed			
Standing waters			
Objects in surfacing material			
Rake loose surfacing material level			
Need surfacing material under:			
swings			
climbers			
sliding pole			
slide			
other			
other			

Notes: _____

Work Order Numbers (List all that apply):

For office use only

Reviewed by _____ Date _____

Reviewed by _____ Date _____