Playground/Outdoor Play Area Daily Inspection Checklist

To be completed daily by the teacher on duty. AS 4685.0:2017

CHECK DAILY: ✓ = OK ✗ = Action needed NA = not applicable	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Debris and rubbish – Broken glass, needles, animal poo, etc.							
Loose fill materials – Check for low spots that need filling							
Unitary surfacing made of synthetic materials – Check for damage.							
Vandalism – Look for broken, missing or damaged equipment							
Graffiti –							
Other items – Barbecues, tables, rubbish bins, etc							
Insects – Check for spider webs, wasp nests etc.							
Sandpit check – Remove covers and look for sharps, hygiene hazards							
Swings and ropes – Pigtail connections on swings, condition of chains and ropes etc.							
Bolts and fasteners – Make sure they are secure							
Overhanging branches – Dead or damaged branches may fall on the playground							
Slips, trips and falls – Slippery paths, trip hazards, hand rails, etc.							
Person doing check to clearly write/sign/initial their name at the bottom of each column							

Fault located by: .... Date: .... /....... /........

Signature: ....

Details of fault/action to rectify fault:..

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ACTION TAKEN TO RETURN TO SERVICE

....

....

Repaired by: ....

Date: ..../....../......... Signature: ....

Playground/Outdoor Play Area Weekly Inspection

To be completed weekly by a schools officer (Janitor/Groundsperson, etc)

CHECK DAILY: ✓ = OK ✗ = Action needed	1	2	3	4	5	6	7	8	9	10
Loose fill should be maintained at least 300 mm										
Pigtail connections on swings/ropes in good condition										
Chains in good condition										
Ropes in good condition										
Flying fox – Check handle, ropes, chains										
Hand rails / fall barriers secure										
Climbing walls / structures are secure										
Slips, trips and falls. Look for drainage issues, or items that could cause slips, trips or falls										
Initial/Sign										

Fault located by: .... Date: .... /........ /........

Signature: ....

Details of fault/action to rectify fault:..

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ACTION TAKEN TO RETURN TO SERVICE

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Repaired by: ....

Date: .... /........ /........ Signature: ....