

Playground Inspection

Check surfaces, equipment and surroundings for wear, damage or hazards. Maintain a routine log that supports safe play and duty of care.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

General Information

1 Location *

Address or coordinates

2 Date of inspection *

3 Inspector name *

4 Weather conditions

Dry

Wet

Icy

Windy

Other

5 Overall inspection outcome *

Pass

Fail

Requires Follow-up

Ground Surfaces

6 Is the safety surfacing in good condition?

Yes

No

N/A

7 Are there any trip hazards present?

Yes

No

N/A

8 Is the surfacing free from standing water or drainage issues?

Yes

No

N/A

9 Is the area free from litter, glass or animal fouling?

Yes

No

N/A

10 Surface condition notes

11 Photos of surface issues

Attach file here

Equipment Condition

12 Swings - condition

Good

Minor Wear

Damaged

Not Present

13 Slides - condition

Good

Minor Wear

Damaged

Not Present

14 Climbing frames - condition

Good

Minor Wear

Damaged

Not Present

15 Roundabouts - condition

Good

Minor Wear

Damaged

Not Present

16 See-saws - condition

Good

Minor Wear

Damaged

Not Present

17 Spring riders - condition

Good

Minor Wear

Damaged

Not Present

18 Are all fixings and bolts secure?

Yes

No

N/A

19 Are all moving parts functioning correctly?

Yes

No

N/A

20 Is equipment free from sharp edges or protruding parts?

Yes

No

N/A

21 Is equipment free from rust or corrosion?

Yes

No

N/A

22 Equipment condition notes

23 Photos of equipment issues

Attach file here

Fencing and Access

24 Is perimeter fencing intact and secure?

Yes

No

N/A

25 Are all gates functioning and self-closing?

Yes

No

N/A

26 Is the playground separated from roads or car parks?

Yes

No

N/A

27 Fencing and access notes

Signage and Furniture

28 Is age-appropriate signage displayed?

Yes

No

N/A

29 Are emergency contact details displayed?

Yes

No

N/A

30 Are benches and bins in good condition?

Yes

No

N/A

31 Signage and furniture notes

Vegetation and Surroundings

32 Is vegetation trimmed back from equipment?

Yes

No

N/A

33 Are there any poisonous or hazardous plants present?

Yes

No

N/A

34 Is the area free from overhanging dead branches?

Yes

No

N/A

35 Surroundings notes

Actions and Sign-off

36 Immediate actions taken

37 Further actions required

38 Person responsible for follow-up actions

39 Target completion date

40 Inspector signature *

Signature

41 Photos of any other issues

Attach file here

42 Additional comments
