



School \_\_\_\_\_

Date of Inspection \_\_\_\_\_

<p><b>Swings</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Seats</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">Repair</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">Replace</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">OK</td> </tr> <tr> <td>S-Hooks</td> <td><input type="checkbox"/></td> <td>Repair</td> <td><input type="checkbox"/></td> <td>Replace</td> <td><input type="checkbox"/></td> <td>OK</td> </tr> <tr> <td>Chain</td> <td><input type="checkbox"/></td> <td>Repair</td> <td><input type="checkbox"/></td> <td>Replace</td> <td><input type="checkbox"/></td> <td>OK</td> </tr> <tr> <td>Hangers</td> <td><input type="checkbox"/></td> <td>Repair</td> <td><input type="checkbox"/></td> <td>Replace</td> <td><input type="checkbox"/></td> <td>OK</td> </tr> <tr> <td>Footings</td> <td><input type="checkbox"/></td> <td>Repair</td> <td><input type="checkbox"/></td> <td>Replace</td> <td><input type="checkbox"/></td> <td>OK</td> </tr> <tr> <td>Pipe Fillings</td> <td><input type="checkbox"/></td> <td>Repair</td> <td><input type="checkbox"/></td> <td>Replace</td> <td><input type="checkbox"/></td> <td>OK</td> </tr> </table> <p><b>Slides</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Rails/Stairs</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">Repair</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">Replace</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">OK</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>Loose</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Slide Surface</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 10%;">Loose</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 10%;">Rough</td> <td style="width: 10%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sharp</td> <td><input type="checkbox"/></td> <td>Face/Sun</td> <td></td> <td></td> </tr> </table> <p>Screw/Bolt</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 10%;">Repair</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 10%;">Replace</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">OK</td> </tr> </table> <p>Footings</p> <table style="width: 100%; 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List of repairs or work order submitted:


Signature \_\_\_\_\_