



School _____

Date of Inspection _____

<p>Swings</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>Slides</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:15%;">Loose</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Rough</td> <td style="width:10%;"></td> <td style="width:10%;"></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:15%;">Repair</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Replace</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">OK</td> </tr> </table> <p>Footings</p> <table style="width:100%; 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border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Loosen</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Fill</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">OK</td> </tr> </table> <p>Fence Line</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Repair</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Replace</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">OK</td> </tr> </table> <p>Wood Chips</p> <p>Need Sweeping</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Yes</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">No</td> </tr> </table> <p style="text-align: center;">1 _____</p> <p style="text-align: center;">2 _____</p> <p style="text-align: center;">3 _____</p> <p style="text-align: center;">4 _____</p>	Footings	<input type="checkbox"/>	Loose	<input type="checkbox"/>	Protruding	<input type="checkbox"/>	OK	Backboard	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Replace	<input type="checkbox"/>	OK	Standard	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Replace	<input type="checkbox"/>	OK	Nets	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Replace	<input type="checkbox"/>	OK	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Clean	<input type="checkbox"/>	OK	<input type="checkbox"/>	Loosen	<input type="checkbox"/>	Fill	<input type="checkbox"/>	OK	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Replace	<input type="checkbox"/>	OK	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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List of repairs or work order submitted:
