



File EID-E2

**SCHOOL:** \_\_\_\_\_

**GYMASIUM INSPECTION FORM**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Are the climbing ropes in good physical repair and adequately secured to withstand the weight of an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Has the gymnasium equipment been inspected in the last month to ensure it is in good physical repair? This would include equipment guy wires, equipment footing supports, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the gymnasium equipment set up by authorized personnel who have been adequately instructed in the proper procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are all the floor mats in good physical repair and have damaged mats been repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are the walls padded behind backboards where possible wall impact is likely to incur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Are benches, chairs, etc. in good physical repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Are all gymnasium accidents reported and investigated to ensure there is no reoccurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Is the sporting equipment checked regularly for safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Are the locker rooms maintained in good physical repair ex: no missing tiles in shower area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Are gymnasium overhead lights equipped with safety chains so lights will not fall on impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Are lights equipped with guards or protective screens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector \_\_\_\_\_

Date \_\_\_\_\_

Reviewer \_\_\_\_\_

Date \_\_\_\_\_