

**WASHOE COUNTY SCHOOL DISTRICT  
BI-WEEKLY FACILITY INSPECTION FORMS**

**FACILITY NAME:** \_\_\_\_\_

Inspections and completion of this form are to be done bi-weekly. Keep white copy for your records, yellow copy to Maintenance Center and pink copy to Risk Management. If repairs of any kind are needed, you **MUST** also submit a work order and reference that work order number on your inspection form.

**\*\*Not all questions may pertain to your location., but do not leave any questions unanswered. Please mark those questions with “NO” or “N/A” (not applicable).**

	Circle One	Item(s) to Repair	Date Corrected and Initials
Broken/missing handrails, rungs, links, steps	Y/N	_____	_____
Missing, damaged, or loose seats	Y/N	_____	_____
Opened/damaged S-hooks, shackles, rings	Y/N	_____	_____
Litter/debris on premises	Y/N	_____	_____
Resilient material needed in play area	Y/N	_____	_____
Loose/protruding bolts, nuts	Y/N	_____	_____
Protruding bolt ends with no caps/covers	Y/N	_____	_____
Accessible sharp edges or points	Y/N	_____	_____
Footings exposed, cracked, or loose in ground	Y/N	_____	_____
Pint/crush points (exposed mechanisms, juncture Of components)	Y/N	_____	_____
Worn bearings	Y/N	_____	_____
Visible cracks, bending, warping, rusting of any Components.	Y/N	_____	_____
Broken supports/anchors	Y/N	_____	_____
Lubrication of moving parts	Y/N	_____	_____
Chipped/peeling paint	Y/N	_____	_____
Poor drainage area	Y/N	_____	_____
Tripp hazards on surrounding walkways	Y/N	_____	_____
Grass areas to include athletic fields in good Condition.	Y/N	_____	_____
Bleachers in good condition (indoors and outdoors)	Y/N	_____	_____
Trip hazards on blacktop playing areas to include Basketball and tetherball courts.	Y/N	_____	_____
Basketball hoops in good condition (no chain hoops Are allowed)	Y/N	_____	_____
Basketball Back Boards	Y/N	_____	_____
Basketball Standards/Supports	Y/N	_____	_____
Basketball Rims	Y/N	_____	_____
Volleyball Standards – Rolling	Y/N	_____	_____
Volleyball Standards – Permanent	Y/N	_____	_____
Other.	Y/N	_____	_____

INSPECTOR’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

White-Location

Yellow-Maintenance Center

Pink-Risk Management