

Washoe County School District Monthly Athletic Facility Equipment Inspection Form

School / Site: _____ Date: _____

Inspections and completions of this form are to be completed on a monthly basis. One copy is to be kept for your records, one copy is to go to the Site Facility Coordinator for repair or work order follow up, and one copy is to be sent to Risk Management. If repairs of any kind are required and are not able to be repaired on Site, you **MUST** 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). **

Equipment Items	Working Y/N	Items to Repair	W/O #	Date Corrected	Initials
Pitching Machines	Y/N				
Volleyball Standards – Rolling	Y/N				
Volleyball Standards – Permanent	Y/N				
Basketball Backboards	Y/N				
Basketball Standards/Supports	Y/N				
Basketball Rims	Y/N				
Blocking Sleds	Y/N				
Tackling Dummies	Y/N				
Hurdles – Number ()	Y/N				
High Jump Standards	Y/N				
High Jump Pit	Y/N				
Indoor Batting Cages	Y/N				
Outdoor Batting Cages	Y/N				
Tennis Court Standards	Y/N				
Tennis Court Nets	Y/N				
Other – (specify)	Y/N				

Inspector’s Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Risk Management Signature: _____ Date: _____