

Date: _____ Location: _____

Person(s) Conducting the Survey: _____

Condition		Recommendation/Additional Info
Is access restricted after school hours or when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are bleachers in good condition? (no cracks, holes, missing sections, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do bleachers have proper fall protection? (back rails, side rails, handrails, toe boards, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is access restricted to the roof of the structure covering the bleacher?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are soccer goals secured to the ground to prevent them from tipping over?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the track in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the shot-put ring secured properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is netting used at discus areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the exterior lighting adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are buildings secured when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are garbage cans located away from structures that may burn?	Yes <input type="checkbox"/> No <input type="checkbox"/>	