

Playground comprehensive inspection checklist (annual)

This checklist has been developed to assist park operators with identifying and addressing common playground safety requirements, this checklist is a generic guide and does not cover all possible hazards, risks and compliance requirements.

Date: _____ / _____ / _____

Completed by: _____

Playground reference or no: _____

Instructions: Tick the checklist items as you complete them, NA items not relevant, note down any actions issues (report all safety / maintenance issues).

Inspection and task checklist:	Inspection results (Yes, No or NA)	Comments / issues / actions:
General:		
Is the playground and equipment free from graffiti.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Has the playground area been cleared of potential hazards such as overhead branches?	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is playground fencing and access gate in good working order and free from damage.	SAMPLE - INTENTIONALLY FADED Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is playground signage in place and legible.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is playground sun protection structures such as shade sails secure and free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Surfacing:		
Are loose-fill surface levels at an adequate level / depth (300mm but no less than 200mm).	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the surface in good condition and free from damage.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the surface free from any trip hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the surface free of objects that may be hazardous (ricks, broken glass, sharp objects).	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
If the surface is likely to reach extreme temperatures when exposed to direct sun, are measures such as signage in place to warn users to avoid burns.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Does the surface meet or exceed the impact attenuating surface requirements of AS 4422.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	

Inspection and task checklist:	Inspection results (Yes, No or NA)	Comments / issues / actions:
Equipment:		
Are all footings adequately covered.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are the foundations stable and free from movement.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is equipment free from protrusions and sharp edges.	SAMPLE - INTENTIONALLY FADED	
Are all components present and secure.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is equipment in good repair (free from excessive rust, cracked welds and timber deterioration).	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the equipment free of situations that may result in foreseeable misuse.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Protection against falling:		
Is the impact area adequate for the potential fall height.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the falling space free from obstacles that could cause injury.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the free space adequate for forced movement items.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are barriers, guardrails and handrails appropriate and at the correct height.	SAMPLE - INTENTIONALLY FADED	
Protection against equipment:		
Is equipment free of head and neck entrapments.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is equipment free of finger entrapments.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is equipment free of clothing entrapments.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is equipment free of foot or leg entrapments.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	

Inspection and task checklist:	Inspection results (Yes, No or NA)	Comments / issues / actions:
Moving parts:		
Is equipment free of crush and shear points.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are chains and connectors free of excessive wear.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are moving and sealed for life parts moving freely.	SAMPLE - INTENTIONALLY FADED Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Are gaps between moving parts greater than 12mm.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Is the impact attenuating leading-edge of all moving equipment adequate to cushion potential collisions with children.	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>	
Additional comments:		