

Beautiful Plains School Division
Supervisors Safety & Health Inspection Form

PHYSICAL EDUCATION

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

YES **NO** **N/A**
(Please Check)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Has the gymnasium equipment been inspected regularly and a gymnasium inspection checklist completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is gymnasium equipment set up by or checked by authorized personnel who have been adequately instructed in proper procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are wall pads and floor mats in place and in good physical condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exits unobstructed and storage areas organized and uncluttered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are students provided with proper instruction prior to introduction of new activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are students wearing protective equipment when activities so warrant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have the outdoor physical education facilities and equipment been inspected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS & DEFICIENCIES: _____

Unsafe conditions reported to School Administration or Site Workplace Safety Rep (This reporting period):
Please describe: _____

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____