Facility Safety Inspection Checklist

Gym inspection, equipment, emergency, accessibility and membership counts.

Facility name *(required)*

Inspection date *(required)*

Equipment inspected and safe *(required)*

If No, require action and target date.

- ☐ Yes
- ☐ No
- ☐ N/A

Emergency and first-aid arrangements in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Accessibility arrangements reviewed *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Actions and target dates

Inspection outcome *(required)*

If re-inspection required, create a task.

- ☐ Pass
- ☐ Pass with actions
- ☐ Re-inspection required

Competitive athlete count

For planning and affiliation metrics.

Inspector acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:
