

## Sample Facility Inspection Grid

Facility: \_\_\_\_\_

Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Item	Adequate	Inadequate	Corrective Measures*	Observations
Stationary Equipment				
Team Equipment				
Individual Equipment				
First-aid Kit and Procedures				
Others				
*Corrections    1) add 2) replace 3) modify 4) discard 5) clean 6) repair 7) check				

**Note:** This document, once completed, should be given to the facilities manager, and the coach should keep a copy for his/her files.

Facilities Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

Signature of Coach: \_\_\_\_\_