

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have unsafe conditions been reported?

Signature: \_\_\_\_\_  
Supervisor

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

Signature: \_\_\_\_\_  
School Administrator/Supervisor

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