

Total Equipment Checklist

Equipment	Number	Functional?	Safe?	Notes (include plan to address problems)
Play structure		<input type="checkbox"/>	<input type="checkbox"/>	
Hula hoops		<input type="checkbox"/>	<input type="checkbox"/>	
Jump ropes		<input type="checkbox"/>	<input type="checkbox"/>	
Cones		<input type="checkbox"/>	<input type="checkbox"/>	
Polyspots		<input type="checkbox"/>	<input type="checkbox"/>	
Yoga mats		<input type="checkbox"/>	<input type="checkbox"/>	
Basketballs		<input type="checkbox"/>	<input type="checkbox"/>	
Soccer balls		<input type="checkbox"/>	<input type="checkbox"/>	
Playground balls		<input type="checkbox"/>	<input type="checkbox"/>	
Foam balls		<input type="checkbox"/>	<input type="checkbox"/>	
Footballs		<input type="checkbox"/>	<input type="checkbox"/>	
Baseball bats		<input type="checkbox"/>	<input type="checkbox"/>	
Wiffle balls		<input type="checkbox"/>	<input type="checkbox"/>	
Volleyballs		<input type="checkbox"/>	<input type="checkbox"/>	
Bean bags		<input type="checkbox"/>	<input type="checkbox"/>	
Flying discs		<input type="checkbox"/>	<input type="checkbox"/>	
Hand pump		<input type="checkbox"/>	<input type="checkbox"/>	
Storage equipment		<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Carts		<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Performed by: _____ Date: _____

