

Sample Facility Inspection Grid



Facility: _____

Date: _____

Inspected by: _____

Item	Adequate	Inadequate	Corrective Measures*	Observations
Stationary Equipment				
(mats, playing surface, nets, etc.)				
Team Equipment				
Individual Equipment				
First Aid Kit & Procedures				
Others				

*Corrective Measures: 1) add 2) replace 3) modify 4) discard 5) clean 6) repair 7) check

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: _____ Signature: _____