



RECREATION CONTRACTOR FACILITY INSPECTION CHECKLIST

Recreation Contractor Name: _____ Date _____

Facility Address: _____

Program Manager/Inspector Name: _____

This inspection checklist is used to screen a Recreation Contractor's private facility for use during a proposed or current contracted activity with the Bainbridge Island Metropolitan Park & Recreation District. It is also used to assess hazards that may exist related to the proposed activity. An inspection will be done of all facility areas, including exterior and office areas as applicable. Photographs may be taken during the inspection. Any issues or needed corrections will be indicated on the last page of this form. Park District approval of the facility and the Recreation Contractor's proposed activity will be subject to the timely/satisfactory completion of all corrections needed and the resolution of any identified issues.

GENERAL	Yes	No	N/A	Comments
Parking area adequate for the activity/program?				
Appropriate lighting for the activity?				
Suitable equipment for the activity? (i.e. tables, chairs, storage)				
Facility exterior clear of hazards?				
Any fire or electrical hazards?				
Other considerations?				
ELECTRICAL				
ELECTRICAL	Yes	No	N/A	Comments
All plugs, switches and cords in good condition?				
Any outlets overloaded?				
All electrical panels have a surrounding space of 3 feet clear?				
Other considerations?				
HAZARDOUS MATERIALS				
HAZARDOUS MATERIALS	Yes	No	N/A	Comments
Any hazardous materials?				
All materials labeled and stored securely?				
All spill kits accessible and fully stocked?				
Other considerations?				
ADA ACCESSIBILITY				
ADA ACCESSIBILITY	Yes	No	N/A	Comments
Parking accessible?				
Entry accessibility?				
Activity space accessible?				
Restroom accessibility?				
Other consideration?				
EMERGENCY PREPARATION				
EMERGENCY PREPARATION	Yes	No	N/A	Comments
All walkways and aisle ways at least 36 inches and free of obstructions?				



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EMERGENCY PREPARATION (cont.)	Yes	No	N/A	Comments
All exit signs visible, and free of damage, storage and clutter?				
All exit signs illuminated and remain illuminated when battery tested?				
Proper working fire alarm/smoke detector?				
Stairwells and corridors free of storage and clutter?				
Materials and equipment stored in racks or shelves stable enough to prevent falling?				
First Aid kit fully stocked and visible?				
AED clearly marked? (if applicable)				
Emergency evacuation map posted?				
Staff aware of the meeting location in the event of an emergency?				
Other considerations?				
FIRE EXTINGUISHERS				
FIRE EXTINGUISHERS	Yes	No	N/A	Comments
All extinguishers clearly identified?				
Extinguishers easily accessible?				
Inspection tags current with initials and date of inspection?				
Other considerations?				
SECURITY				
SECURITY	Yes	No	N/A	Comments
Are all entry ways secured from unauthorized access?				
If surveillance cameras are present, are they in working order?				
If surveillance cameras are present, are video recording devices in working order and storing video accordingly?				
Other considerations?				
EYEWASH (if applicable)				
EYEWASH (if applicable)	Yes	No	N/A	Comments
Are there caps covering the emergency eyewash?				
Is the emergency eyewash free of dust, dirt, and other debris?				
Does the emergency eyewash function properly when turned on?				
Other considerations?				

Inspection Date _____ Program Manager/Inspector _____



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	Unsafe Condition or Work Practice	Contractor Comments	Corrective Actions Done	Due Date	Resolution Date
1					
2					
3					
4					
5					
6					

The parties below acknowledge that the above improvements have been completed and were done to the satisfaction of the Park District.

Contractor Signature:		Date:
Program Manager Signature:		Date:
Division Director Signature:		Date: