



## PARK ASSESSMENT FORM

**NAME OF PARK** \_\_\_\_\_

**LOCATION OF THE PARK** \_\_\_\_\_

FACILITIES AT THE PARK / PLAYGROUND / FACILITY	YES	NO
RUNNING WATER		
TOILETS		
SHADE		
PICNIC TABLES		
BBQ		
RUBBISH BINS		
RECYCLING BINS		
SWINGS		
CLIMBING EQUIPMENT		
FACILITIES IN THE LOCAL AREA		
SHOPS		
CAFÉ'S		
HAZARDS	YES	NO
ROAD/S WITHIN THE PARK		
ROADS ADJACENT TO THE PARK		
WATER HAZARD WITHIN THE PARK (CREEK, POND, STORMWATER)		
WATER HAZARD ADJACENT TO THE PARK (BEACHFRONT)		
SHRUBS WHERE CHILDREN OR ADULTS COULD HIDE		
REFUSE (GLASS, NEEDLES, ETC.)		
OTHER PEOPLE AND THEIR ACTIVITIES		
SAFETY OF EQUIPMENT	YES	NO
EQUIPMENT IN GOOD REPAIR		
AGE APPROPRIATE FOR UNDER-SCHOOL AGED CHILDREN		
HEIGHT APPROPRIATE FOR AGE OF CHILD/REN		
ADDITIONAL COMMENTS:		

Carer / Coordinator Name \_\_\_\_\_ DATE \_\_\_\_\_