

FIELD SAFETY INSPECTION CHECK LIST

Field Name: _____ Date: _____

Location: _____ Inspector: _____

Condition: S = Safe NA = Needs Attention D = Dangerous Unsafe

Field Name: _____

Please Note:

Please Circle One:

Low / High Spots	_____	S	NA	D
Stones, Glass, Debris	_____	S	NA	D
Holes in Field	_____	S	NA	D
Sprinkler Heads Protruding	_____	S	NA	D
Other	_____	S	NA	D

FIELD SAFETY INSPECTION CHECK LIST

Field Name: _____ Date: _____

Location: _____ Inspector: _____

Condition: S = Safe NA = Needs Attention D = Dangerous Unsafe

Field Name: _____

Please Circle One

Low / High Spots	_____	S	NA	D
Stones, Glass, Debris	_____	S	NA	D
Holes in Field	_____	S	NA	D
Sprinkler Heads Protruding	_____	S	NA	D
Other	_____	S	NA	D