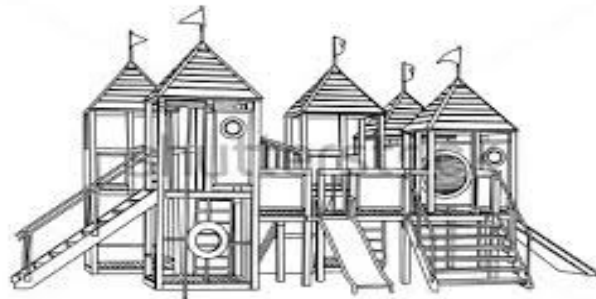


# STAFFORD COUNTY PUBLIC SCHOOLS



**Stafford County  
Public Schools**  
*Inspire | Empower | Excel*

## School Playground Inspections/Logs/File Safety, Security, and Risk Management



### **File Contents**

- Identifying Photo of Each School Playground
- Individual Inspection Reports Chronologically
- Copy of Work Tickets Submitted
- All Correspondence with Maintenance and Schools
- Photos of Each Irregularity or Damaged area, labeled.
- Proof of Repairs (date, photo, signatures, completion of work ticket).
- Injury/Incident Reports for that Playground

**Safety, Security, & Risk Management**  
Michelle Weaver  
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## Table of Contents

- *Identifying Photo of Each School Playground*
- *Individual Inspection Reports Chronologically*
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# Playground Incident Report Form

School Playground    PreSchool Playground   School Name: \_\_\_\_\_  
 Date/Time of Incident: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_  
 Witness to Incident: \_\_\_\_\_ Parents Notified By: \_\_\_\_\_

### Environmental Factor(s) Involved:

Bench    Climber    Fence Wall    Composite Play Structure    Deck    Swing    Sandbox    Sidewalk  
 Slide    Surfacing    Toy    Vehicle    N/A    Other Playground Equipment: \_\_\_\_\_  
 Other: \_\_\_\_\_    Other Child

### Cause of Injury:

Fall From Height    Burn    Hit By or Bumped Into Object    Human Bite    Sharp/Piercing Object  
 Splinter/Foreign Object    Pinched/Caught In    Other

### Type of Injury:

Dental Injury    Cut or Scrape    Puncture    Bite    Bump/Bruise    Splinter    Burn    Crush  
 Fracture/Dislocation    Sprain/Strain    Other: \_\_\_\_\_

### Body Part Injured:

Head    Eye    Face    Mouth    Neck    Arm    Hand/Wrist/Finger    Abdomen/Trunk/Chest  
 Leg    Knee    Foot/Ankle    Other: \_\_\_\_\_

### Where Child Received Treatment:

Clinic    Dentist    Doctor's Office    Hospital/ER    Urgent Care    On Site by Health Professional  
 Other: \_\_\_\_\_

Description of How and Where Incident Occurred & First Aid Received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Steps Taken To Prevent Reoccurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This Report Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Last Playground Inspection: \_\_\_\_\_

**This Report is Property of Stafford County Public Schools  
 Department of Safety, Security, and Risk Management**

**This Report, and All Information Contained within, is therefore protected and should be  
 treated as completely confidential!!**

Signature of CPR/AED Technician Manager/SCPS Playground Inspector:  
 \_\_\_\_\_

# Work Order Record

School: \_\_\_\_\_

Section of Playground: \_\_\_\_\_

Location of Damage/Irregularity: \_\_\_\_\_

Description of Damage/Irregularity: \_\_\_\_\_

\_\_\_\_\_

Work Ticket: \_\_\_\_\_

Description of Work Done: \_\_\_\_\_

\_\_\_\_\_

Work Ticket Completed By: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Date Work is Verified: \_\_\_\_\_ By: \_\_\_\_\_

Photo BEFORE work is completed:

Photo AFTER work completed:



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