**FACILITY CHECKLIST (form SF-2)**

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| FACILITY: |  |
| DATE: | INSPECTED BY: |
| **ITEM** | **ADEQUATE** | **INADEQUATE** | **CORRECTIVE MEASURES** | **OBSERVATIONS** |
| Walkways in ice area |  |  |  |  |
| Dressing rooms |  |  |  |  |
| Equipment |  |  |  |  |
| First Aid  |  |  |  |  |
| Entrances |  |  |  |  |
| Stairways |  |  |  |  |
|  |  |  |  |  |
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Correction references: 1) add, 2) replace, 3) modify, 4) discard, 5) clean, 6) repair, 7) check.