

Entity Name:	Effective Date:
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<u>SKATE PARKS</u>	
1. Type of facility:	<input type="checkbox"/> Half Pipe <input type="checkbox"/> Vertical drop of tallest half pipe <input type="checkbox"/> Bowls <input type="checkbox"/> Vertical drop of deepest bowl <input type="checkbox"/> Ramps, Rails, Steps <input type="checkbox"/> Roller Hockey <input type="checkbox"/> Flat Surface
2. Check all that apply to the skate facility::	
Skateboard	<input type="checkbox"/> Yes <input type="checkbox"/> No
In-line skate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scooters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bicycles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motorized Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Design:	
3. The facility was designed by a landscape architect with experience in designing skate parks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the entity manufacture or install any portion of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. There is separation between walkways, rest areas and the skating area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Adequate drainage has been provided for half pipes, bowls and other areas of the skating surface to eliminate water from the skating areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Supervision:	
7. List all posted warnings, instructions and emergency information:	
8. Is signage posted at all entrances of the park?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Is there a pay phone or emergency call box on premises to summon emergency medical assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is documentation of all inspection and repairs retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are facilities inspected at least once a week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Skate Park security:		
Lighting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fencing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Patrol:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervised facility only:		
13. Is the facility locked when the staff is not present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Does the staff require the use of proper protective equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Is the staff trained in the following:		
First Aid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Usage of emergency communication equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No