



**Daily Maintenance and Inspection Form**

**Date:** \_\_\_\_\_

**Inspector(s):** \_\_\_\_\_

**Daily Pre-Use Inspection Checklist:**

\*Inspections are to be performed by instructors/operators prior to and during the daily setup of the course.

\*All equipment that fails inspection must be removed from the course immediately. All staff should be made aware of the failed equipment.

\*Any course elements that fail inspection must not be used until repairs or adjustments can be completed. All staff should be made aware of the failed course elements.

Equipment and elements inspected	Yes	No	Notes
Was the last pre-use inspection form reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the safety equipment stored well?	<input type="checkbox"/>	<input type="checkbox"/>	
Did all of the safety equipment pass your inspection?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the challenge course elements in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the guy anchors/wires in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the belay anchors in good condition with closed rapid links?	<input type="checkbox"/>	<input type="checkbox"/>	
Do any course or nearby trees seem hazardous?	<input type="checkbox"/>	<input type="checkbox"/>	
Are course access/egress ladders in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the zipline brake ropes, brake trolleys, and pulley systems in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Complete one full ride on the zipline(s)</b>			
Does the ride height/cable tension seem appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the brake operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes:



**The Adventure Network**  
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**Monthly Maintenance and Inspection Form**

**Date:** \_\_\_\_\_

**Inspector(s):** \_\_\_\_\_

**Monthly Pre-Use Inspection Checklist:**

\*Inspections are to be performed by supervisors that are not part of the daily pre-use inspections.

<b>Equipment and elements inspected</b>	<b>Yes</b>	<b>No</b>	<b>Notes</b>
Were the daily inspection forms reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	
Was last month's inspection report reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are safety equipment logs current?	<input type="checkbox"/>	<input type="checkbox"/>	
Does replacement equipment need to be ordered?	<input type="checkbox"/>	<input type="checkbox"/>	
Do repairs need to be scheduled?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes: