Outdoor Learning Safety Checklist

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| **Date:** | **Time:** | | **Weather:** |
| Name of Outdoor Learning Leader: | | | |
| **Checklist** | **Yes/No** | **Comments** | |
| Weather Effects |  |  | |
| Vandalism |  |  | |
| Low branches |  |  | |
| Fallen branches |  |  | |
| Protruding thorns |  |  | |
| Nettles/Brambles |  |  | |
| Animal mess |  |  | |
| Bees/wasps nest |  |  | |
| Animal remains |  |  | |
| Slippery areas |  |  | |
| Needles |  |  | |
| Broken glass |  |  | |
| Standing water |  |  | |
| Boundary Fence |  |  | |
| Litter |  |  | |
| Ants Nest |  |  | |
| Other hazards |  |  | |