Outdoor Learning Safety Checklist

|  |  |  |
| --- | --- | --- |
| **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 |  |  |