

# PLAYGROUND INSPECTION CERTIFICATION SUMMARY

**Required by R400.5117(7)**

State of Michigan – Department of Human Services  
Bureau of Children and Adult Licensing

## FACILITY

Facility Name		Facility Phone Number	
Licensee Name		License Number	
Address		County	
City	State	Zip Code	

**COMPLIANCE – ALL pieces of equipment on the playground must be listed below. (Use page 2 if additional rows are needed.)**

If Complies (C) is checked for the piece of equipment, the piece, including surfaces and use space, **complies** with the Consumer Product Safety Commission's (CPSC) **1997 Edition** of the Handbook for Public Playground Safety. If Doesn't Comply (DC) is checked, the equipment does not comply the CPSC's **1997 Edition** of the Handbook for Public Playground Safety. If Not Applicable (NA) is checked, the piece of equipment was not inspected. If Doesn't Comply or Not Applicable are checked, a comment must be included.

C	DC	NA	Name of Piece of Equipment	Approved for Ages	Comments	Manufacturer (if known)
<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"/>	<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"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Has additional documentation been provided to the licensee such as a narrative report, photos, diagrams, etc.?

Yes       No

## PLAYGROUND INSPECTOR INFORMATION

Name of Playground Inspector		Date of Inspection	
Name of Company		Phone Number	Email Address
Certification Number	Certifying Organization		Certification Expiration Date
Signature			Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

