



Daily Risk Assessment

Week beginning (date): _____

Before the day starts have you checked (please tick):

| Indoor Areas | Mon | Tue | Wed | Thurs | Fri |
|--|-----|-----|-----|-------|-----|
| Main hallway – clean/tidy, floor, lighting, trip hazards, defects | | | | | |
| Windows and doors – secure, no defects | | | | | |
| Electrics – sockets covered, no trailing wires, appliances visual check | | | | | |
| Play equipment – safe and free from defects | | | | | |
| Main home corner - safe and free from defects | | | | | |
| Check toys for defects | | | | | |
| Check furniture for safety issues | | | | | |
| Mobile phones are in the office | | | | | |
| No dangerous substances or plastic bags are at children’s reach | | | | | |
| Toilets are clean and flash is working | | | | | |
| Use a torch to check all corners, under the radiators, around the toilets, behind the waste bins and book corners for any mouse dropping | | | | | |
| Ensure all mats, rugs are safely laid on the floor and none of the corners are bent | | | | | |

| Outdoor Areas | Mon | Tue | Wed | Thurs | Fri |
|---|-----|-----|-----|-------|-----|
| Play equipment – safe and free from defects | | | | | |
| Surface – check for any trip hazards or defects and cat/fox waste | | | | | |
| Gates – Locked and secure | | | | | |
| Sand Area checked for foreign objects | | | | | |
| Check for Litter thrown from outside | | | | | |
| | | | | | |
| | | | | | |

| Please note and date anything of significance, including any remedial action taken (please date): | Signature and Print Name: |
|---|---------------------------|
| | Monday: |
| | |
| | Tuesday: |
| | |
| | Wednesday: |
| | |
| | Thursday: |
| | |
| | Friday: |
| | |