



PlayRX Evaluation Date:

PlayRX Evaluation Completed by:

Role:

Contact Email and/or Phone:

Phone Number:

**Facility Information**

Recreational Facility Name:

Facility Address:

Facility City/State/Zip/ Country:

Purchased From:

Installation Date:

Facility Type:

Play Environment:

Play Level:

Facility Size (SQFT):

No. of Courts:

No. of Fields:

Sports Played	Badminton	Baseball/Softball	Basketball	Football
at the Facility:	Lacrosse	Pickleball	Soccer	Tennis
	Volleyball	Other Sports:		

**PlayRX Evaluation**

**EQUIPMENT TYPE: FIXED BASKETBALL RIM**



Court/Field Name:

Court/Field Type:

Part Number:

Product Brand:

Net Material:

Number of Rings:

Mount:

Net Attachment:

**Board 1**

**Board 2**

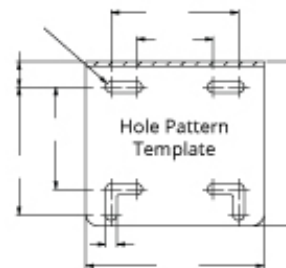
Levelness of the top ring:

Condition of the net attachments:

Condition of backplate:

Condition of powdercoat finish:

Condition of the welds:



PlayRX Score

PlayRX Score

**If the PlayRX Equipment Health Score is below 3, replacement is recommended.**

Additional Information:

**Please have a GARED representative contact me about options to upgrade my equipment condition. To receive further information, please email the completed form to [PLAYRX@GAREDSPORTS.COM](mailto:PLAYRX@GAREDSPORTS.COM).**