



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: OUTDOOR BASKETBALL POST



Court/Field Name:

Court/Field Type:

Part Number:

Product Brand:

Installation Type:

Post OD Size:

Mount:

Post Shape:

Unit 1

Unit 2

Concrete Footing Condition:

Condition of the post surface:

Post Vertical Integrity:

Post 10' max height measurement:

Vibration of the unit:

Condition of the bracing:

Ease of the actuator moving the unit:

PlayRX Score

PlayRX Score

Additional Information:

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

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.