Tel: 01646 600229

Name of Venue: Date of assessment: Time of assessment: Name of person completing check: Date of next check: Playing / Training area. Check that the area and surroundings are safe and free from obstacles. Is the area fit and appropriate for activity? (E.g. check the surfaces, roof leaks, lighting, heating, netting, surrounding boundary area and security / welfare arrangements). Are weather conditions appropriate to activity? Yes □ No \square If **no**, please outline the hazard, who may be at risk and action taken if any. Equipment. Check that any equipment used is fit and sound for activity and suitable for the age group / ability of the group. Is the equipment safe and appropriate for the activity? (E.g. check there is no equipment left from other activities or obstructions left in the sporting area) Yes □ No \square If **no**, please outline unsafe equipment, who may be at risk and action taken if any.

Participants.

Risk Assesment Form

Check that the Session Register is up to date with medical information and contact details. Check that participants are appropriately attired for the activity.

Version: January 2007

Is / are the Session Registers in order?
Yes □ No □
If no , please outline the current situation and action taken, if any.
Are the participants appropriately attired and safe for the activity?
Yes □ No □
If no , please outline unsafe equipment / attires and action taken if any.
Emergency Points. Check that emergency vehicles can access the facility, and that a working telephone is available with access to emergency numbers.
Are emergency access points checked and operational?
Yes □ No □
If no , please outline the issues and action taken if any.
Is a working telephone available?
Yes □ No □
If no, please outline the issues and action taken if any.

Safety Information.

Check that evacuation procedures are published and posted somewhere for all to see.
Ensure that volunteers and staff ahs access to information relating to Health and Safety.

Version: January 2007

Are emergency procedures published and act for sessions at the venue?	cessible to those people with responsibility
Yes □ No □	
If no , please outline what information is missi	ng and action taken if any.
Do the club and or venue need to take any further action? (Please detail)	
	200
Signed:	Print Name:
Date:	Copies to:
If the person completing this Risk Assessment the Risk Assessment they should contact s	

Useful Contacts include:

• Health and Safety Executive website - www.hse.gov.uk

perform a comprehensive Risk Assessment of the venue(s) in question.

• Health and Safety Executive Infoline - 0845 345 0055

Version: January 2007