

RISK ASSESSMENT FORM

To be completed for all home venues, or away venues for overnight stays and others as appropriate

Venue:

Playing/Training Area		
Check the area and surroundings are safe and free from obstacles. Check match/practice area, lighting, free from tripping hazards, nets safe (if applicable), security and welfare arrangements		
Is the area fit and appropriate for the activity?	Yes	No
If no, outline hazard, who may be at risk and action taken, if any.		
Clubhouse/Changing rooms		
Check the Clubhouse, changing rooms and toilets are safe and free from tripping hazards, obstacles etc.		
Is the building fit and appropriate for the activity?	Yes	No
If no, outline hazard, who may be at risk and action taken, if any.		
Car Park/Access		
Check the car park; ensure cars are not parked in places that make access hazardous for children. For large events, ensure parking marshals are present with high visibility vests.		
Is the car park safe for children to come and go?	Yes	No
If no, outline hazard, who may be at risk and action taken, if any.		
Equipment		

Check it is sound for the activity, and suitable for the age group/ability. Check no equipment left out from previous groups.

Is the equipment safe and appropriate for the activity?	Yes	No
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If no, outline unsafe equipment, who may be at risk and action taken, if any.

Participants

Check the participants are appropriately attired and safe for activity (helmets, box, gloves, sunscreen, water etc). Check the attendance register has been completed.

Are participants appropriately attired and safe for the activity?	Yes	No
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If no, give details, who may be at risk and action taken, if any.

Emergency Information

Check the emergency access routes are clear, a telephone and access to the emergency information for players is available

Are emergency routes clear?	Yes	No
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Is there access to a phone, and player's medical information and emergency contact details?	Yes	No
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If no, give details, who may be at risk and action taken, if any.

For Overnight Stays

Check the overnight venue arrangements are satisfactory including dormitories/sleeping arrangements.

If not satisfactory, give details, who may be at risk and action taken, if any.

Any Other Information

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Signed:	Name:	Date:
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