



RISK ASSESSMENT FORM

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 <input type="checkbox"/>	No <input type="checkbox"/>
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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 <input type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please give details of unsafe equipment, who may be at risk and action taken, if any:

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Participants

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

Is/are the Session Registers in order?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline the current situation and action taken, if any:

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Are the participants appropriately attired and safe for the activity?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline unsafe equipment/attires and action taken, if any:

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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 <input type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline the issues and action taken, if any:

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Is a working telephone available?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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 have access to information relating to Health and Safety.

Are emergency procedures published and accessible to those people with responsibility for sessions at the venue?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline what information is missing and action taken, if any:

Do the club and or venue need to take any further action? (Please detail):

Signed: _____

Print Name: _____

Date: _____

If the person completing this Risk Assessment feels uncomfortable with the outcomes of the Risk Assessment they should contact someone with the relevant qualifications to perform a comprehensive Risk Assessment of the venue(s) in question.

Useful Contacts include:

- Health and Safety Executive website - www.hse.gov.uk
- Health and Safety Executive Infoline - 0300 003 1747