

| venue: |
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| Date of Checks |
| Date of Check: |
| Name and position of person doing check: |
| |
| Playing/ training area Check that the area and surroundings are free from obstacles. Is the area fit and appropriate for activity? |
| is the area in and appropriate for activity: |
| Yes ? No ? |
| (Please outline the hazard. Who may be at risk and action taken, if any?) |
| (Trease outline the hazard. Who may be at risk and action taken, if any:) |
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| Goal posts |
| Check that they are fit and sound for activity and suitable for age group /ability. |
| Are the goal posts safe and appropriate for activity? (Please refer to Goal postsafety |
| leaflet) |
| icunct, |
| Yes 2 No 2 |
| |
| (Please outline unsafe equipment. Who may be at risk and action taken, if any) |
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| Players |
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| Check that the players' register is up to date with medical information and contact details. |
| Check that players are appropriately dressed for the activity.ls / |
| are the register(s) in order? |
| Yes ② No ② (Please outline current state and action taken, if any) |
| |
| Are players appropriately attired and safe for activity? |
| Yes ② No ② (Please outline unsafe equipment / attires and action taken, if any) |
| Emergency points |
| Check that emergency vehicles can access facilities, a working telephone is available with access to emergency numbers, and that exit points are clear. |
| Are emergency points checked and operational? |
| Yes ② No ② (Please outline the issues and action taken, if any) |
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| Is a working telephor | ne available? | |
|--|---|-------------------|
| Yes □ No (Please outline the issue | o □ ues and action taken, if any) | |
| | | |
| Cofety information | | |
| Safety information | | |
| | procedures are published and p nteers and staff have access to i | |
| Are emergency proce responsibility for ses | edures published and accessilusions in the club? | ble to those with |
| Yes □ No (Please outline what in | o □ nformation is missing and action | taken, if any) |
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| Does the club need to | o take any further action? | |
| (If yes, please specify) | | |
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| | | |
| Name: | Signed: | Date: |