|  |  |  |
| --- | --- | --- |
| **VENUE:** | **Name of person doing check** | **Session & Date of check** |
|  |  |  |

**Playing & Training area and access:-**

Check that the area and surroundings are safe and free from obstacles, check floor, roof leaks, lighting, heating, security and welfare.

## Access to Playing Area

Check that access to the playing area is safe and free from obstacles. Is the area fit and appropriate for access? Yes 🞎 No 🞎

(If no, please outline the hazard, who may be at risk and action taken, if any.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Hazard | Evaluation of Risk (high/med/low) | Action(s) to Minimise Risk | Person to Advise if Risk is Outside Own Competence to Assess | Re-evaluation of Risk(high/med/low) |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |

## Equipment

Check that it is fit and sound for activity and suitable for age group/ability. Is the equipment safe and appropriate for activity? Yes 🞎 No 🞎

Specifically check the following key items:-

(If no, please outline unsafe equipment, who may be at risk and action taken, if any.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key Item check | Checked | OK or Issue (Hazard) | If Issue raise with | Rechecked - date |
| Hockey Goals – safe & complete no sharp / broken bits |  |  |  |  |
| Cage fencing safe – no breaks |  |  |  |  |
| Other equipment (soccer goals) off pitch area |  |  |  |  |
| Pitch splitter partition available |  |  |  |  |
| Covid-19 QR Code posters in place |  |  |  |  |
| Sanitiser handwash holder in place |  |  |  |  |

## Car Parks and access

Check for any concerns relating to pedestrian movement, and journey route from park to pitch, note any safety issues. Consider impact from high use or match day / tournament use with high volumes. Is the parking area safe and appropriate for activity? Yes 🞎 No 🞎

(If no, please outline concerns, who may be at risk and action required or taken, if any.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Hazard | Evaluation of Risk (high/med/low) | Action(s) to Minimise Risk | Person to Advise if Risk is Outside Own Competence to Assess | Re-evaluation of Risk(high/med/low) |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |

## **Participants:-**

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

Is/are the register(s) in order? Yes 🞎 No 🞎

Were participants appropriately attired & protected ? Yes 🞎 No 🞎 (If no, please outline current state and action taken, if any.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Hazard | Evaluation of Risk (high/med/low) | Action(s) to Minimise Risk | Person to Advise if Risk is Outside Own Competence to Assess | Re-evaluation of Risk(high/med/low) |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |

## Emergency points

Check that emergency vehicles can access facilities, 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.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Hazard | Evaluation of Risk (high/med/low) | Action(s) to Minimise Risk | Person to Advise if Risk is Outside Own Competence to Assess | Re-evaluation of Risk(high/med/low) |
| State emergency phone point |  |  | Section Lead |  |
| Check was working phone available? |  |  | Section Lead |  |
| Ambulance access available? |  |  | Section Lead |  |
|  |  |  | Section Lead |  |

## Safety Information

Check that 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 with responsibility for sessions? Yes 🞎 No 🞎

(Confirm Documentation below, and or if required please outline what information is missing and action taken, if any.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Hazard | Evaluation of Risk (high/med/low) | Action(s) to Minimise Risk | Person to Advise if Risk is Outside Own Competence to Assess | Re-evaluation of Risk(high/med/low) |
| **CONFIRM:**Club has produced and issued accident and emergency guidelines (Document reference WHC-9) in both Word and PDF formats, and copies are sent to Coaches annually, and accessible for download from the club’s website. All other Club documents also available from the web-site | LOW |
|  |  |  | Section Lead |  |
|  |  |  | Section Lead |  |

CONCLUSION

Other Issues

Is there a need to take any further action? (If yes, please specify.)

|  |  |  |
| --- | --- | --- |
| Signed: | Name : | Date : |