

RISK ASSESSMENT CHECK SHEET

First named team to complete the risk assessment:

Name of person completing the check:

PLAYING / TRAINING AREA

YES

NO

Appropriate entry and exit

Adequate emergency services access an exit

Safe condition of pitch

Pitch markings adequate

If NO to any of the above - outline the action taken:

PERSONAL POSSESSIONS

YES

NO

Is the surrounding pitch area free from obstacles

Are **all** players sticks of a safe standard

Are goal keepers appropriately attired
(chest pads must be covered)

Is head gear safe

If NO to any of the above - outline the action taken:

EQUIPMENT

YES

NO

Are goal posts in safe and stable position

Are nets safe and secure

Are goal posts seated

Is back board in adequate condition

Is ball of appropriate colour and condition

If NO to any of the above - outline the action taken:

Any further relevant safety observations

Any other action taken

Signed

Date:

This document will be retained by the League and may be referenced in the event of an incident.