**CLUB NAME HERE**

**Safety Checks**

**Coach: Person Doing Checks:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Checks** |  | **Dates/Times/Sessions** | | | | | | | **Comments** |
|  |  |  |  |  |  |  |  |
| Surface | Check |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |
| Close |  |  |  |  |  |  |  |
| Equipment | Check |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |
| Close |  |  |  |  |  |  |  |
| Environment | Check |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |
| Close |  |  |  |  |  |  |  |
| Participants | Check |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |
| Close |  |  |  |  |  |  |  |
| Officials | Check |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |
| Close |  |  |  |  |  |  |  |
| Hygiene /Cleaning Provision | Check |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |
| Close |  |  |  |  |  |  |  |

Check - Has the area been looked at OK – Is the area OK for activity Close – was the area OK when you left it  
Comments – Make any notes with regards to the safety checks

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Incident/Accident** | **Welfare Officer Notified (date)** | **Report Form Completed** |
|  |  |  |  |