



## **Risk Assessment Form**

Prior to the first training session of the day, the following form should be completed by one of the coaches.

Venue: .....

Name of Checker: .....

Position of Checker: .....

Date of Check: .....

1) Confirm that the access to the playing area is safe and free from obstacles Yes / No  
*If no, please outline the hazard, who may be at risk and any action taken*  
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2) Confirm that the playing area is safe and free from obstacles Yes / No  
*If no, please outline the hazard, who may be at risk and any action taken*  
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3) Confirm that all equipment is safe for use Yes / No  
*If no, please describe the unsafe equipment, who may be at risk and any action taken*  
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4) Confirm that emergency vehicles are able to access the location, and that a working telephone is available with access to emergency numbers. Yes / No  
*If no, please outline the issue and any action taken*  
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