



RISK ASSESSMENT FORM

VENUE:

Name & Position of person doing check:

Date & time of check:

PLAYING / TRAINING AREA

Check the area and surroundings are safe and free from obstacles.

Is the area fit and appropriate for the activity? Yes No

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

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EQUIPMENT

Check that all equipment being used is fit for activity and suitable for the age & ability of the group.

Is the equipment safe and appropriate for the activity? Yes No

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

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PERFORMERS

Check that the performers register is up to date with medical information and contact details. Check that performers are appropriately dressed for the activity.

Is the register up to date? (If no, please update) Yes No

Are performers dressed appropriately and safe for the activity? (If no, please outline any action taken) Yes No

EMERGENCY POINTS

Check that emergency vehicles can access the facilities, and that a working telephone is available with access to emergency numbers.

Are emergency access points checked & operational? Yes No

(If no, please outline the issues and any action taken)

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Is a working telephone available? Yes No

(If no, please outline the issues and any action taken)

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SAFETY INFORMATION

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff have access to information relating to Health & Safety.

Are emergency procedures published and accessible to those with responsibility for delivering sessions at the facility? Yes No

(If no, please outline what information is missing and any action taken)

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SIGNED: **DATE:**

NAME OF SIGNATORY: