



4.2d RISK ASSESSMENT CHECK LIST

Venue:	Date of check:	
Name and Position of Person carrying-out the check:		
Under each category below check that no hazards or risks have been introduced since the full risk assessment was carried-out. If new hazards or risks are present either remove the hazard/risk, or consider amending or cancelling the activity.		
Access to Playing/Training Area <i>Check that access to the playing area is safe and free from obstacles.</i>	Yes / No	
Playing/Training Area <i>Check that the area and surroundings are safe and free from obstacles.</i>	Yes / No	
Equipment <i>Check that it is fit and sound for activity and suitable for age group/ability.</i>	Yes / No	
Welfare of Participants <i>Check that the participants register is up-to-date with medical information and contact details.</i>	Yes / No	
Participants' Attire/Equipment <i>Check that participants are appropriately attired for the activity.</i>	Yes / No	
Emergency Points <i>Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.</i>	Yes / No	
Safety Information <i>Check that evacuation procedures are published and posted for all to see. Ensure that volunteers and staff have access to information relating to health and safety.</i>	Yes / No	
Further Action Is there a need to take any further action, or to carry-out a re-assessment?	Yes / No	
<i>If yes, specify:</i>		
Print name:	Signature:	Date:
If further action is considered necessary please ensure that this form is completed legibly, signed and dated and return to: Club Secretary, Mrs Jo Stevenson, 78 Ilchester Road, Yeovil, Somerset, BA21 3BL		