

## Risk Assessment/Field safety

Field:	Date of check:
Name:	Position held:
Please circle Yes or N	o and make any comments necessary.
Player/Training Area	
Check that the area and surrounding	gs are free from any obstacles or hazards.
Is the area fit and appropriate for ac	tivity? Yes/No
Please outline any hazards and actio	n taken, if any:
Goal Posts	
Check that goalposts are sound for a	activity and suitable for age group/ability.
Are the goal posts safe and appropri	ate for activity? Yes/No
Please outline any unsafe equipmen	t which may pose a risk and action taken, if any:
<u>Players</u>	
Check that all players are properly at contact details available.	ttired and have appropriate medical information and
Are players appropriately attired for	the activity? Yes/No
Please outline any issues identified a	and the action taken, if any:



## **Risk Assessment/Field safety (continued)**

## **Emergency Points**

Check that emergency vehicles can access facilities, all exit points are clear, and a workign telephone is available.

Are emergency points checked and operational?	Yes/No
Please outline any issues and action taken, if any:	
Is a working telephone available?	Yes/No
Please outline any issues and action taken, if any:	