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## **Risk Assessment/Field safety**

Field: \_\_\_\_\_ Date of check: \_\_\_\_\_

Name: \_\_\_\_\_ Position held: \_\_\_\_\_

*Please circle Yes or No and make any comments necessary.*

### **Player/Training Area**

Check that the area and surroundings are free from any obstacles or hazards.

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

Please outline any hazards and action taken, if any: \_\_\_\_\_

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### **Goal Posts**

Check that goalposts are sound for activity and suitable for age group/ability.

Are the goal posts safe and appropriate for activity? Yes/No

Please outline any unsafe equipment which may pose a risk and action taken, if any: \_\_\_\_\_

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### **Players**

Check that all players are properly attired and have appropriate medical information and contact details available.

Are players appropriately attired for the activity? Yes/No

Please outline any issues identified and the action taken, if any: \_\_\_\_\_

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