



# WARLINGHAM RUGBY FOOTBALL CLUB

## RISK ASSESSMENT FORM

**Venue:** Warlingham RFC, Hamsey Green, Warlingham, Surrey CR6 9RB

**Name and position of person doing check:**

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**Date and time of check:** .....

### PLAYING/TRAINING AREA

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

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

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

### EQUIPMENT

Check that it is fit and sound for activity and suitable for age group/ability.

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

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

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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 attired for the activity.

**Is/are the register(s) in order?**..... Yes  No

(If no, please outline current state and action taken, if any.)

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**Are performers appropriately attired and safe for activity?** ..... Yes  No

(If no, please outline unsafe equipment/attire and action taken, if any.)

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**EMERGENCY POINTS**

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

**Are emergency access points checked and operational?** ..... Yes  No

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

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**Is a working telephone available?** ..... Yes  No

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

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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 and safety.

**Are emergency procedures published and accessible to those with responsibility for sessions in the club?** ..... Yes  No

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

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**Does the club need to take any further action? (If yes, please specify.)**

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SIGNED: ..... DATE: .....

Name: .....