

Beechfield United Football Club



VENUE/GOALPOST/PLAYERS RISK ASSESSMENT

VENUE: _____

DATE OF CHECK: _____

NAME AND POSITION OF PERSON DOING CHECK: _____

PLAYING/TRAINING AREA

Check that the area & surroundings are free from obstacles and is it fit and appropriate for activity?

YES ☐ NO ☐

(Please outline the hazard, who may be at risk and action taken, if any)

GOALPOSTS

Check that they are fit & sound for activity and suitable for age group/ability (refer to Goalpost safety leaflet).

Are the goalposts safe & appropriate for activity?

YES ☐ NO ☐

(Please outline unsafe equipment, who may be at risk and action taken, if any)

PLAYERS

Check that the players' register is up-to-date with medical information and contact details.

Check that the players are appropriately attired for activity.

Is/are the register(s) in order?

YES ☐ NO ☐

(Please outline current state and action taken, if any)

Are players appropriately attired and safe for activity?

YES ☐ NO ☐

(Please outline unsafe attire and action taken, if any)

EMERGENCY POINTS

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

Are emergency points checked and operational?

YES ☐ NO ☐

(Please outline unsafe attire and action taken, if any)

Is a working telephone available?

YES ☐ NO ☐