



MIDDLESEX COUNTY NETBALL ASSOCIATION
RISK ASSESSMENT FORM

VENUE:

EVENT:

NAME AND POSITION OF PERSON:

DATE & TIME OF CHECK:

PLAYING 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.)

PERFORMERS

Check that performers are appropriately attired for safe activity.

Yes

No

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

IS/ARE THE REGISTER(S) IN ORDER?

Check that the performers register is up to date with medical information and contact details.

Yes

No

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



EMERGENCY POINTS

Check that emergency access points to the facilities are accessible and operational.

Yes

No

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

EMERGENCY SERVICES COMMUNICATION

Is a working telephone available with access to emergency numbers.

Yes

No

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

SAFETY INFORMATION

Check that evacuation procedures are published and posted somewhere for all to see.

Yes

No

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

ANY FURTHER ACTION? (PLEASE SPECIFY)