



TAMAR TROTTERS

INDIVIDUAL COACH RISK ASSESSMENT

Location/Venue:	Date of check:	Name of person doing check:

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, who may be at risk and action taken, if any?

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EQUIPMENT - Check the equipment is suitable 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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ATHLETES - Check that the members register is up to date with medical information & contact details. Check that athletes are appropriately attired for the activity.

Is the register in order? Yes No

If no, please outline current state and action taken, if any?

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Are athletes 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 POINT – 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? Yes No

If yes, please specify.

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SIGNED: PRINT NAME: DATE: