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| **Club Name:** |  |
| **Name of Event Controller:** |  |
| **Contact Number:** |  |
| **Email:** |  |

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| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Comment** |
| Will the event controller be easily identifiable at the event? |[ ] [ ]   |
| Has the event controller facilities for immediate contact with emergency services and local On Call Doctor? |[ ] [ ]   |
| Will all gates be unlocked and unobstructed? |[ ] [ ]   |
| Is there a current Safety Statement for the club available signed by current executive committee? |[ ] [ ]   |
| Is there an accident log book in place to record accidents/Incidents & Near Misses? |[ ] [ ]   |
| Is there a fully stocked First Aid Kit on site? |[ ] [ ]   |
| Is there a charged and serviced defibrillator on-site? |[ ] [ ]   |
| Is a trained first responder available for the duration of the event? |[ ] [ ]   |
| Will a doctor be present at the event? |[ ] [ ]   |
| Will contact details of emergency services and Doctors on call be displayed at club grounds? |[ ] [ ]   |
| Will a Stretcher be provided at events? |[ ] [ ]   |
| Will emergency vehicles have access to all parts of the grounds during events? |[ ] [ ]   |
| Are facilities adequate for disabled patrons and persons with accessibility needs? |[ ] [ ]   |
| Are Shower in a safe and hygienic condition? |[ ] [ ]   |
| Is there a public address system in place? |[ ] [ ]   |
| Is the playing area (pitch) cordoned off with adequate fencing? |[ ] [ ]   |
| Is there a scoreboard available that allows safe access or remote access? |[ ] [ ]   |