

Name of person completing checks: _____

Facilities:

Are facilities (including exits) and surroundings safe, free from obstructions and appropriate for the intended activity? Yes/No

If no, identify hazards and the action taken to control risk:

Equipment:

Is equipment safe for the age and ability level of participants and appropriate for the intended activity? Yes/No

If no, identify hazards and the action taken to control risk:

Participants:

Are booking forms complete with medical information and emergency contact details? Yes/No

If no, outline missing information and the action taken to control risk:

Are participants appropriately prepared (i.e. dress/attire) for the intended activity? Yes/No

If no, outline inappropriate dress/attire and the action taken to control risk:

Safety points and emergency procedures:

Are staff aware of their duties/responsibilities, relevant school policies/risk assessments and procedures for dealing with incidents/accidents? Yes/No

If no, outline gaps in understanding and action taken to control risk:

Are participants briefed appropriately regarding safety measures, emergency procedures and expected standards of behaviour? Yes/No

If no, outline gaps in understanding and action taken to control risk:

Signature of person completing checks: _____ Date: _____