

CORBY ATHLETIC CLUB
RISK ASSESMENT FORM

Venue:		Assessor:		Signature:		Date:	
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The checks below are a basic sample and not exclusive please add all necessary checks.

Checks Undertaken	OK (Y / N)	If No What are the risks?	To Whom?	Action Taken
1. Is the venue fit for planned activity? (e.g. obstacles/lighting/heating/etc) 2. Is equipment safe and appropriate? 3. Are contact details available and correct? 3. Are athletes attired appropriately? 4. Are emergency access/exit points ok? 5. Are emergency procedures published? 6. Are there any unusual circumstances? (e.g. bad weather/extra athletes/no help/etc)				