

## GAME DAY SAFETY CHECKLIST

DATE:	TIME:	CONDUCTED BY:
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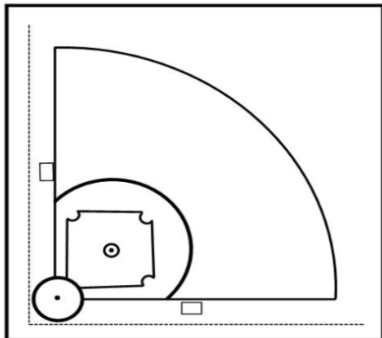
Weather Conditions	Yes	No	N/A
Are weather conditions suitable for play to commence? No Lightning, Heavy Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have weather conditions or water made the playing surface unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playing Surface	Yes	No	N/A
Is the surface in good condition and suitable for play to commence i.e. grass appropriate length, free of holes etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the surface free of debris / rubbish / glass / rocks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are sprinkler covers correctly in place with no uneven surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the playing surface free of damage from animals or machinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all ground fencing in good condition? (no protruding wire, excessive holes etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toilet / Change Room Facilities	Yes	No	N/A
Are toilets well maintained, hygienic and adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are waste bins provided and placed appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the change rooms free of debris? (free from syringes, glass, rubbish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First Aid	Yes	No	N/A
Is a qualified First Aid Officer present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have first aid kits been checked / stocked, with ice available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do First Aid Officers know the location of the nearest hospital and / or medical centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Emergency vehicle access easily accessible to the playing field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General	Yes	No	N/A
Are public areas free of visible hazards? (seating areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other factors which may be dangerous to the players? <i>(Comment Below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment(s) or Actions Taken to Address Safety Concerns	Please mark on diagram any areas of concern
	

If you identify a safety concern please tick the “no” column and record your actions in the area provided  
Play should not commence until conditions are acceptable to both teams