



HOWDEN TOWN AFC

HEALTH AND SAFETY CHECKLIST

Please ensure that the following checklist is used prior to beginning any coaching or sanctioned activity. Any issues identified should be raised with the relevant parties at the earliest opportunity to ensure the problems are resolved. If it is not possible to remove or work around the “problem” the session should be abandoned or relocated.

Activity : -----

Dates : -----

Venue : -----

Coach/Session Leader-----:

On arrival at the venue for your session the authorised person should carry out the following safety checks:-

LOCATION – where applicable

Check availability / accessibility of the following:

Telephone : -----

Water Points : -----

Toilets : -----

Fire Point : -----

Fire Exits : -----

Fire Aid Facilities: -----



AREA – Indoor sports hall and/or outdoor pitch/ground

Check the area for the following:

	Session 1		Session 2		Session 3		Session 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Broken glass/sharp objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potholes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog excrement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other e.g. fallen branches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remove any hazards carefully and cordon off any hazardous area with cones.

EQUIPMENT

Check the condition of the following and that it is safe and solid:

	Session 1		Session 2		Session 3		Session 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Goal Posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK ASSESSMENT

Risk Assessment completed: Yes No