

Health and Safety Form

Coach name:	
Venue:	
Date:	
Time:	

Facility:

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notes
Is first aid available?			
Do you have a mobile phone?			
Is a telephone within easy reach?			
Toilet facilities available?			
Emergency briefing carried out?			
Exit routes checked and cleared?			

Playing/practical area:

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notes
Non-slippery/suitable?			
Safe and free from obstacles?			
Area free of hazards?			

Equipment:

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notes
Sturdy?			
Free from rough edges?			
Large equipment secured?			
Electrical equipment safe to use?			

Participants:

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notes
Full register & contact details?			
Any medical conditions/disabilities?			
Appropriately attired?			

Additional information/notes:
