



PETERBOROUGH CITY SOCCER ASSOCIATION

RISK ASSESSMENT AND GOALPOST SAFETY

Venue: _____ Date of Check: _____

Name and Position of Person doing check: _____

Playing/ Training Area

Check that the area and surroundings are free from obstacles and hazards.

Is the area fit and appropriate for activity? Yes No

(Please outline the hazard, which may be at risk and action taken, if any). _____

Goal Posts

Check that it is fit and sound for activity and suitable for age group/ ability.

Are the goalposts safe and appropriate for activity? Yes No

(Please outline unsafe equipment, which may be at risk and action taken, if any) _____

Players

Check that the players register is up to date with medical information and contact details. Check that players are appropriately attired for the activity.

Is/ are the register(s) in order? Yes No

(Please outline current state and action taken, if any) _____

Are players appropriately attired and safe for activity? Yes No

(Please outline unsafe equipment/ attire and action taken, if any) _____

Emergency Points

Check that emergency vehicles can access facilities, a working telephone is available with access to emergency numbers and that exit points are clear.

Are emergency points checked and operational? Yes No
(Please outline any issues and actions taken, if any). _____

Is a working telephone available? Yes No
(Please outline the issues and action taken, if any) _____

Safety Information

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff have access to information relating to health and safety.

Are emergency procedures published and accessible to those with responsibility for sessions in the club? Yes No
(Please outline current state and action taken, if any) _____

Does the club need to take any further action? (If yes, please specify) _____

Signed: _____
Name (Print): _____
Position: _____
Date: _____

CITY OF PETERBOROUGH NOTIFIED?: Yes No Date: _____