

**MEDWAY & MAIDSTONE ATHLETIC CLUB
RISK ASSESSMENT FORM**

Venue: _____

Name and position of person doing check:

Date of check: _____

TRAINING AREA/COMPETITION AREA

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

Is the area fit and appropriate for activity? Yes No

(The hazard, who may be at risk, and action taken, if any)

EQUIPMENT

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

Is the equipment safe and appropriate for activity? Yes No

(If no, please outline unsafe equipment, who may be at risk, and action taken, if any)

ATHLETES

Check that the members register is up to date with medical information and contact details.

Check that athletes are appropriately attired for the activity.

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

(If no, please outline current state and action taken, if any)

Are athletes appropriately attired and safe for activity? Yes No

(If no, please outline unsafe equipment/attire and action taken, if any)
