



**GEDDINGTON
CRICKET CLUB**

Risk Assessment

Name of Venue:

Date of assessment:

Time of assessment:

Name of person completing check:

Date of next check:

Playing / Training area.

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

Is the area fit and appropriate for activity? (E.g. check the surfaces, roof leaks, lighting, heating, netting, surrounding boundary area and security / welfare arrangements). Are weather conditions appropriate to activity?

Yes ☐

No ☐

If **no**, please outline the hazard, who may be at risk and action taken if any.

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Equipment.

Check that any equipment used is fit and sound for activity and suitable for the age group / ability of the group.

Is the equipment safe and appropriate for the activity? (E.g. check there is no equipment left from other activities or obstructions left in the sporting area)

Yes ☐

No ☐

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

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Participants.

Check that the Session Register is up to date with medical information and contact details. Check that participants are appropriately attired for the activity.

Is / are the Session Registers in order?

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|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If **no**, please outline the current situation and action taken, if any.

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Are the participants appropriately attired and safe for the activity?

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|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If **no**, please outline unsafe equipment / attires and action taken if any.

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Emergency Points.

Check that emergency vehicles can access the facility, and that a working telephone is available with access to emergency numbers.

Are emergency access points checked and operational?

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|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If **no**, please outline the issues and action taken if any.

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Is a working telephone available?

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|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If **no**, please outline the issues and action taken if any.

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Safety Information.

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff has access to information relating to Health and Safety.

Are emergency procedures published and accessible to those people with responsibility for sessions at the venue?

Yes ☐

No ☐

If **no**, please outline what information is missing and action taken if any.

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Do the club and or venue need to take any further action? (Please detail)

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Signed:

Print Name:

Date:

Copies to:

If the person completing this Risk Assessment feels uncomfortable with the outcomes of the Risk Assessment they should contact someone with the relevant qualifications to perform a comprehensive Risk Assessment of the venue(s) in question.

Useful Contacts include:

- Health and Safety Executive website - www.hse.gov.uk
- Health and Safety Executive Infoline - 0845 345 0055