



Risk Assessment/Goal Post

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, who 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, who 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)



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): _____

Date: _____

Updated February 2009