CD PHOENIX SUSSEX NETBALL CLUB

RISK ASSESSMENT CHECK LIST

Venue name:……………………………………………………

Location:………………………………………………………...

Date check carried out …../…../…..

Check carried out by:………………………………………….

Please tick the following if acceptable at time of checking:

# Possible risk: acceptable/not acceptable

Condition of the court surface ⬜ ⬜

Good defined playing area ⬜ ⬜

**Surrounding court area**

* Clear run offs ⬜ ⬜
* No objects hanging from the walls ⬜ ⬜
* No obstruction on and off the area ⬜ ⬜

**Posts**

* Good condition ⬜ ⬜
* Correct height (10 foot / 9 foot for

High 5) ⬜ ⬜

* No obvious damage ⬜ ⬜

Good over all lighting of court ⬜ ⬜

Have you received and checked the risk assessment from the venue?

 YES ⬜ NO ⬜

Are you happy to go ahead with using the venue for your delivery?

 YES ⬜ NO ⬜

Is there a first aider on site: YES ⬜ NO ⬜

**Please complete with action taken for non acceptable risks identified:**

Signed off by lead coach:……………………………………

Date:…../……../……..