



RISK ASSESSMENT FORM

Name of Venue: Shadwell CC Home Ground (Junior Matches)

Date of assessment: 1 June 2009

Time of assessment: 1.00 pm

Name of person completing check: M Austin

Next check due: 1 April 2010

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline the hazard, who may be at risk and action taken if any.

Notes: Clean well maintained changing rooms, water & toilet facilities available. Coaches & Team Managers are CRB checked. Site is secure with segregated car park. Food and drinks provided by member(s) on duty rota.

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline unsafe equipment, who may be at risk and action taken if any.

Notes: The vast majority of members have their own playing equipment, those that need it can borrow from Club equipment kept (and maintained) at the ground.

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?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline the current situation and action taken, if any.

Notes: Team selections & match sheets are prepared in advance & published on the Club website (www.shadwellcc.org.uk). Coaches & Managers are made aware of any players with ailments and / or allergies (see SCC Clubmark document “1.12 - Known Medical Conditions”). Coaches & Team Managers are CRB checked.

Are the participants appropriately attired and safe for the activity?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline unsafe equipment / attires and action taken if any.

Notes: SCC expects members to provide their own suitable (safe) playing clothing and shoes / boots. Inclement weather may result in games being postponed / delayed until the ground is fit for play. Some spare clothing is available for junior members. No juniors are allowed to bat or wicket keep without a suitable helmet & abdominal protector.

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?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline the issues and action taken if any.

Notes: Emergency vehicles can access the ground. The grounds post code (LS17 9JH) is highly visible on the Club notice board.

Is a working telephone available?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline the issues and action taken if any.

Notes: Team captains / players have mobile phones. If necessary there is a Club mobile phone available for emergency cover.

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 people with responsibility for sessions at the venue?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If **no**, please outline what information is missing and action taken if any.

Notes: Emergency procedures are highlighted on the notice board along with a list of qualified first aiders.

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

N/A

Signed:



Print Name: **M Austin**

Date: **1 June 2009**

Copies to: **R Vincent**

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