

PT CHEV ATHLETICS HEALTH AND SAFETY CHECKLIST

Event/Activity: _____

Date: _____

	YES	NO
• Is the weather safe to continue participation?		
• Is the surface you will be participating on safe from hazards?		
• Is the equipment you will be using appropriate and safe?		
• Do you have enough workers/volunteers to manage the number of participants you will have involved?		
• Are workers/volunteers aware of their roles and responsibilities?		
• Has a worker/volunteer induction been undertaken covering important health and safety procedures? Are the facilities in a safe state?		
• Is appropriate medical assistance accessible?		

Notes: _____

Check conducted by: _____

Date:

 Signed: _____