



Risk Assessment Form

	C 1 F : 11 O		
T 7	Camden Fencing club @		
Venue name:			
Name and position	of person doing check:	Coaches name	
Date of check:			
Playing/training	<u>area</u>		
	nd surroundings are safe and		
Is the area fit and appropriate for activity? (e.g. check floor, roof leaks, lighting,			
heating, security and	welfare arrangements).	Yes No No	
(TC 1 41:		1 1 (1	
(If no, please outline the hazard, who may be at risk and action taken, if any.)			
appropriate for activileft in the sporting ar	ty? (e.g. check there is no equea). Yes No	for age group/ability. Is the equipment safe and hipment left from other activities or obstructions	
that performers are a	<u> </u>	th medical information and contact details. Check civity. Is/are the register(s) in order? Yes No , if any.)	
Are fencers appropria	ately attired and safe for activ	ity? Yes No No	
(If no, ple	ease outline unsafe equipment	t/attire and action taken, if any.)	





nergency points eck that emergency vehicles can access facilities, and that a working telephone is available with ess to emergency numbers.	
e emergency access points checked and operational? Yes No no, please outline the issues and action taken, if any.)	
working telephone available? No no, please outline the issues and action taken, if any.)	
fety information eck that evacuation procedures are published and posted somewhere for all to see. sure that volunteers and staff have access to information relating to health and safety.	
e emergency procedures published and accessible to se with responsibility for sessions in the club? Yes No	
no, please outline what information is missing and action taken, if any.)	
es the club need to take any further action? (If yes, please specify.)	
Signed: Date:	
Name:	

N.B. A new risk assessment form should be completed at the start of each season, to ensure you cover the club should the incident happen again, and any resultant changes made to the club's code of practice.