



## **Risk assessment form**

## CAMDEN FENCING CLUB

Venue:	Camden	Camden Fencing club		
Name and posi	tion of person doing o	check:	Ian Williams/ Head Coach	
Date of check:				
Is the area fit an	rea and surroundings a	y? (e.g. che	free from obstacles. ck floor, roof leaks, lighting, Yes \( \text{Ves} \( \text{No} \( \text{U} \)	
(If no, please ou	tline the hazard, who m	nay be at risl	k and action taken, if any.)	
Is the equipmen (e.g. check there left in the sportin	,	for activity? om other ac Yes		
contact details. (Is/are the registe	Check that performers a	are appropri	h medical information and ately attired for the activity.  No   if any.)	
Are fencers and	conriately attired and sa	ofo for activit	v2 Ves 🗆 No 🗆	

(If no, please outline unsafe equipment/attire and action taken, if any.)	
Emergency points Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.	
Are emergency access points checked and operational? Yes No (If no, please outline the issues and action taken, if any.)	
s a working telephone available?  (If no, please outline the issues and action taken, if any.)	
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 with responsibility for sessions in the club?  Yes  No	
(If no, please outline what information is missing and action taken, if any.)	
Does 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.