



RISK MANAGEMENT AND SAFETY AUDIT FORM



As part of the Risk Management and Safety/Sanction process, each Association/Tournament is required to submit Audit Forms. It is important that these audits are completed as they help determine if any action is required to make the facilities safe for everyone.

Date: _____ **Name of Auditor:** _____ **Association:** _____

Facility Name: _____ **City:** _____

Event: _____

EMERGENCY SERVICES:

Estimated response time of Ambulance: _____

Name of Hospital: _____ Distance: _____

Other Hospitals: _____ Distance: _____

Other Hospitals: _____ Distance: _____

Is the 911 Emergency Service available in your area? Yes No

If no, what are the emergency numbers?

Police: _____ Poison Centre: _____

Ambulance: _____ Hospital: _____

FACILITY SERVICES:

Is there a First Aid Room? Yes No

If no, are you able to designate a room for this purpose? Yes No

Is there a First Aid Kit available? Yes No

Do the facility's personnel have First Aid Training? Yes No

TELEPHONE:

Is the office phone available in case of an emergency? Yes No

Is there a payphone available in case of an emergency? Yes No

Are the Emergency Numbers visible by an accessible phone? Yes No

FACILITY INSPECTION:

Exit Doors – How many in Front/Back: Double _____ Single _____
Sides: Double _____ Single _____

Are they clearly marked and can they be opened? Yes No

Condition of the ice: GOOD FAIR POOR

Comments: _____

Condition of stands/team benches: GOOD FAIR POOR

Comments: _____

Overall Comments: _____

If available, submit a map of the facility with all the above information marked on it (exits, first aid rooms, phones, etc.).

Thank you for keeping Ringette safe!

Signature of Auditor

Date

Safety is an attitude.....so let's get an attitude

Please complete and forward to Region Membership Services Co-ordinator by November 15th. Please complete and forward to Region G&T Co-ordinator as part of the Pre-Tournament Requirements.