



**TELEPHONE:**

Is the office phone 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

Please complete and forward to Region Membership Services Coordinator by November 15<sup>th</sup>. Please complete and forward to Region G&T Coordinator as part of the Pre-Tournament Requirements.