



# 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:** SEPT 19/20 **Name of Auditor:** LISA MICACCHI **Association:** CITY OF KITCHENER

**Facility Name:** ACTIVA **City:** KITCHENER

**Event:** RINGETTE GAMES

### EMERGENCY SERVICES:

Estimated response time of Ambulance: 12 MINUTES

Name of Hospital: ST MARYS GENERAL HOSPITAL Distance: 4KM

Other Hospitals: GRAND RIVER HOSPITAL Distance: 6.2KM

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

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**FACILITY INSPECTION:**

Exit Doors – How many in Front/Back: Double 19 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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

SEPT 19 2019  
\_\_\_\_\_  
Date

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

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