



# 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:** SPORTSWORLD ARENA **City:** KITCHENER

**Event:** RINGETTE GAMES

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**EMERGENCY SERVICES:**

Estimated response time of Ambulance: 12 MINUTES

Name of Hospital: ST MARYS GENERAL HOSPITAL Distance: 10.4KM

Other Hospitals: GRAND RIVER HOSPITAL Distance: 15.4KM

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: \_\_\_\_\_

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**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

