



ARENA SAFETY CHECKLIST

Name of Facility _____
 Address _____
 Facility Manager _____
 Date of Inspection _____ By whom _____
 Position _____

FINDINGS:

Area	Condition			Notes/Comments
	Good	Acceptable	Unacceptable	
Ice Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breakaway nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glass enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penalty boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Officials' box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Washroom toilet stalls, sinks and shower area)				
Other danger areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
AED in Arena	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Location: _____				

Report filed with _____ Date _____
 (e.g., Branch, Rink Manager, etc.)

Response requested Yes No

Action Taken

