

This Event Inspection is a risk management tool that should be completed at the beginning of the day at each event / venue. It is designed with amateur sports volunteers in mind, to assist in identifying risks present on the day and the process involved to prevent injuries to riders and harm to others at the venue, which may result in claims for negligence. This inspection does not identify all possible risks and Gow-Gates suggest you use your own experience and initiative to identify additional risks that may be present.

A representative from the organising club should consider the matters presented on this form and sign it attesting to the information it contains. If the venue is deemed to be unsuitable for use, the club needs to address the problems noted or relocate to an alternate venue.

This form should be completed by the designated responsible officer prior to the event.

vact location of event:					
Event description:					
Name of person completing checklist:	Co	ntact number	:		
Event manager / Organiser:	ger / Organiser: Contact numbe				
	·				
GENERAL					
1. Have all responsible officers been briefed on duties and proced	ures?		Yes	No	
2. Have all volunteers signed in, been assigned and fully understa	and their duties?		Yes	No	
EVENTS					
1. Are there any events to be undertaken today which pose a grea	ter than normal risk?		Yes	No	
Point to consider: Cross Country event to be held after	heavy rainfall / on wet ground	1?			
If Yes to the above, please provide details below:					





Date:

Name of event:

2.	Have event officials been made aware of any increased risks?	Yes	No	
	Point to consider: If there were any issues with the competition areas, have the relevant deemed the event safe to go ahead?	nt officials assesse	I the situatio	n and
	If No to the above, please provide details below:			
Al	REAS OF USE			
1.	Are the grounds compliant with local by-laws?	Yes	No	
	Point to consider: If there were any issues with the competition areas, have the relevant deemed the event safe to go ahead?	nt officials assesse	d the situatio	n and
	If No to the above, please provide details below:			
2.	Are the competition areas and stables clear of any debris that may cause increased risk of injury?	Yes	No	
	Point to consider: Broken glass, uneven surface, exposed tree roots, etc.			
	If No to the above, please provide details below:			
3.	Is perimeter fencing safe and adequate to prevent injury?	Yes	No	
	Point to consider: Post and rails are well maintained, electric fencing is clearly labelled	l, star pickets have	plastic caps,	, etc.
	If No to the above, please provide details below:			
4.	Is all equipment secured correctly, in good repair and safe condition? Is equipment not being used	Yes	No	
	today securely stored?	100		
	Point to consider: Are cups, rails and wings, or arenas all of safe standard?			
	If No to the above, please provide details below:			





A	RENA / COURSE SURFACE			
1.	Is the surface considered to be safe for competition?	Yes	No	
	Point to consider: Collapsed seats, protruding wires, damaged steps, uneven surface (paths, walkways),	lighting, etc.	
	If No to the above, please provide details below:			
	PECTATOR AREAS			
1.	Are public surrounding areas free of visible risks?	Yes	No	
	Point to consider: Uneven surface, pot holes, shifting surface areas, depressions, und	ulations.		
	If No to the above, please provide details below:			
2.	Are club facilities clean and hygienic?	Yes	No	
	Point to consider: Receptacles for sharps and blood soiled clothing / dressings, medical	al supplies safely	stored.	
	If No to the above, please provide details below:			
3.	Are club utilities and services in good working order?	Yes	No	
	Point to consider: Electricity connected, appropriate indoor / outdoor lighting, drinking	y water, etc.		
	If No to the above, please provide details below:			
4.	Is the car park safe and appropriately signposted with float parking isolated from spectator parking	Yes	No	
	to avoid potential accidents?			
	Point to consider: Condition of entry, segregation for horse trucks and spectator vehicles	les, directional arr	ows, etc.	
	If No to the above, please provide details below:			
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ე.	Have marshals been organised to control vehicle traffic?	Yes	No	
	Point to consider: Suitably positioned at entries to control vehicles, horse and pedestr	ian flow?		
	If No to the above, please provide details below:			





OTHER		
1. Is Risk management information displayed and made available to event day volunteers?	Yes	No
2. Is an ambulance officer or certified first aid attendant with First Aid Kits on hand for duty at all times when competitors or members of the public are present?	Yes	No
3. Is a stretcher and neck brace available? (NB: The stretcher should ideally be a "scoop" style stretcher)	Yes	No
4. Has a First Aid area been designated, signage erected and clearly visible to patrons?	Yes	No
5. Is there access for an ambulance to the competition and stable areas?	Yes	No
If No to the above, please provide details below:		

WEATHER		
1. Are the weather conditions conducive for a safe event? Are there policies in place to refer to before deciding if the event should take place or be delayed?	Yes	No
Point to consider: Heavy rain, hail, fog, lightning, extreme heat, adequate shelter available		
If No to the above, please provide details below:		

IERA			

This event checklist was conducted by:

Name:	Signed:	
Position:	Date:	

Please ensure that this form is completed by, or handed to the responsible officer for review as well as retained by the club for record.



