



RISK MANAGEMENT AND SAFETY AUDIT FORM



As part of the Risk Management and Safety/Sanction process, each Tournament Association 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: _____ **Name of Auditor:** _____

Facility Name: _____ **City:** _____

Event: _____

EMERGENCY SERVICES:

Estimated response time of Ambulance: _____

Name of Hospital: _____ Distance: _____

Other Hospitals: _____ Distance: _____

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

