

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: N	Name of .	Auditor	r:					
Facility Name:	(City:						
Event:								
EMERGENCY SERVICES:								
Estimated response time of Ambula	ince:							
Name of Hospital:	_Distance:							
Other Hospitals:	_ Distance:							
Other Hospitals:	_ Distance:							
Is the 911 Emergency Service avai	Yes 🗖		No					
If no, what are the emergency num	bers?							
Police: Poison C					ntre:			
	Hospital:							
FACILITY SERVICES:								
Is there a First Aid Room?	Yes		No					
If no, are you able to designate a r	Yes 🗖	No 🗖						
Is there a First Aid Kit available?		Yes		No				
Do the facility's personnel have Fi	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?			_	No	

FACILITY INSPECTION:

Exit Doors – How many in Front/Back: Double Sides: Double	Single Single
Are they clearly marked and can they be opened? Yes \Box No	
Condition of the ice: GOOD 🗖 FAIR 🗖 I	POOR 🗖
Comments:	
Condition of stands/team benches: GOOD FAIR FAIR	POOR 🗖
Comments:	
Overall Comments:	
If available, submit a map of the facility with all the above information rooms, phones, etc.)	1 marked on it (exits, first aid
Thank you for keeping Ringette safe!	
Signature of Auditor	Date

Safety is an attitude so let's get an attitude

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

REVISED SEPTEMBER 16, 2000