

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:	Name of Auditor:	Association:		
Facility Name:	City:			
Event:				
EMERGENCY S	ERVICES:			
Estimated response	time of Ambulance:			
Name of Hospital:_		Distance:		
Other Hospitals:		Distance:		
Other Hospitals:		Distance:		
Is the 911 Emerger	ncy Service available in your area?	Yes No		
If no, what are the	emergency numbers?			
Police:	Po	Poison Centre:		
Ambulance:	H	Hospital:		
FACILITY SERV	/ICES:			
Is there a First Aid	d Room?	Yes No 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 p	personnel have First Aid Training?	Yes No		

TELEPHONE: Yes Is the office phone available in case of an emergency? No Are the Emergency Numbers visible by an accessible phone? Yes No **FACILITY INSPECTION:** Exit Doors – How many in Front/Back: Double_____ Single____ Sides: Double Single No Are they clearly marked and can they be opened? Yes Condition of the ice: GOOD | | FAIR POOR Comments: Condition of stands/team benches: GOOD FAIR POOR Comments: Overall Comments: If available, submit a map of the facility with all the above information marked on it (exits, first aid rooms, phones, etc.). Thank you for keeping Ringette safe!

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

Date

Signature of Auditor

REVISED August 2018 M-F-17