



# 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:** \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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

**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? Yes  No

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**FACILITY INSPECTION:**

Exit Doors – How many in Front/Back: Double \_\_\_\_\_ Single \_\_\_\_\_  
Sides: Double \_\_\_\_\_ Single \_\_\_\_\_

Are they clearly marked and can they be opened? Yes  No

Condition of the ice: GOOD  FAIR  POOR

Comments: \_\_\_\_\_  
\_\_\_\_\_

Condition of stands/team benches: GOOD  FAIR  POOR

Comments: \_\_\_\_\_  
\_\_\_\_\_

Overall Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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!

\_\_\_\_\_  
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 15<sup>th</sup>. Please complete and forward to Region G&T Co-ordinator as part of the Pre-Tournament Requirements.