

Exwick Tennis Club Risk assessment form for facilities

Club name: Exwick Te	nnis Club		
Venue: Exwick Tennis	Club		
Name and position of	person doing check:	::Steve Ashton	
Date of check:	29 th Oct 2024_	·	
Playing/training area			
Check that the area and	d surroundings are safe	fe and free from obstacles.	
s the area fit and appropriate for activity?NO			
•	s" in prperation for mo	ore extensive tennis court work due in	
<u>Equipment</u>			
Check that it is fit and s	ound for activity and s	suitable for age group/ability.	
		activity?YESYes ☐ No ☐ may be at risk and action taken, if any.)	
<u>Performers</u>			
Check that the performed are appropriately attired		ate with medical information and contact details. Check that performer	
Is/are the register(s) in (If no, please outline cu		YES ALL UP TO DATEYes \(\subseteq \text{No } \subseteq \text{taken, if any.} \)	





Emergency points	
Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.	ı
Are emergency access points checked and operational?YESYes \(\square \text{No } \square (If no, please outline the issues and action taken, if any.)	
EMERGENCY CONTACT NUMBER DISPLAYED ON SIGNAGE	
Is a working telephone available?YES IN TENNIS OFFICEYes (If no, please outline the issues and action taken, if any.)	□ No □
Safety information	
Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers staff have access to information relating to health and safety.	s and
Are emergency procedures published and accessible to those with responsibility for sessions in the club?YES ON DISPLAY THROUGHOUT THE FACILITIESY	′es □ No
(If no, please outline what information is missing and action taken, if any.)	
Does the club need to take any further action? (If yes, please specify.)	
No action needed	
Signed:STEVE ASHTON Date:29/10/2024	



