

BOLTON CRICKET CLUB WINTER ROUNDERS LEAGUE

RISK ASSESSMENT FORM

Name of **Home** Team

Name of **Away** Team

Name of Person doing check

CHECK THAT EACH TEAM HAS SANITISING MATERIALS

.....DATE.....

PLAYING / TRAINING AREA

Check that the area is safe and free from obstacles.

Is the area fit and appropriate for the activity? Yes No

If No, please outline the hazard, who may be at risk and action taken, if any.

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EQUIPMENT

Check that it is fit and sound for activity and suitable for age group/ability.

Is the equipment safe and appropriate for activity Yes No

If No, please outline unsafe equipment, who may be at risk and action taken, if any.

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TEAM MEMBERS

Check that members are correctly attired for the activity.

Are the members appropriately attired and safe for activity?

Yes No

If no, please outline unsafe equipment/attire and action taken if any.

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EMERGENCY POINTS

Check that emergency vehicles can access facilities, and a working telephone is available with access to emergency numbers.

Are emergency access points checked and operational? Yes No

If No, please outline the issues and action taken, if any.

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Does the team need to take any further action? Yes No

If Yes, please detail below, inform the Team Secretaries **and record the details on the SCORE SHEET**

We confirm that to the best of our knowledge and belief, each player is **registered with Bolton Cricket Club and is eligible to play.**

Signed:

Home Captain:

Away Captain:

Referee: **Date:**

COMPLETED FORMS TO BE RETAINED BY
BOLTON CRICKET CLUB SECRETARY
UNTIL INSTRUCTED TO DISPOSE OF THEM.