

SAFETY CHECKLIST



Club / Society:	Date Completed:
Activities that you do as a group:	
Venue(s) / Location(s) used:	Number of participants: Minimum: Maximum:
Name(s) of Activity Leader(s):	
Equipment Used:	Equipment Inventory Submitted: YES / NO
Potential Hazards of Activity:	

Committee member signature: _____

Activities Staff signature: _____

Date submitted: ____ / ____ / ____

Date signed: ____ / ____ / ____

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	YES	NO	N/A	Further Action / Notes:
We have confirmed with my site Activities Co-ordinator whether or not a full risk assessment is needed.				<i>Risk Assessment Needed:</i> YES / NO
We have attended committee training day and received Health & Safety training - therefore we understand: <ul style="list-style-type: none"> • The Union Emergency Procedure • Our responsibilities • Accident Reporting & First Aid provision • The Union Initiation Policy • Forms for Trips & Tours 				<i>Names of any committee members who have not attended:</i> ACTION: they need to read over the Health & Safety part of the Union handbook, then complete the Health & Safety quiz & return it to their site Activities Co-ordinator.
All members have access to copies of health & safety paperwork, including the emergency procedure, any risk assessments, any safety guidelines, and any other health & safety documents.				<i>Please list any other Health & Safety documents your group keeps (e.g. Medical declarations / safety guidelines):</i>
All members are regularly informed of health & safety practices undertaken by the group, and receive an adequate H&S briefing before starting the activity.				
All Club Coaches have been registered with the Student Activities Department before undertaking any coaching - we have confirmed with our site Activities Co-ordinator that they are registered.				IF NO: email name & contact details of your coach to your site Activities Co-ordinator immediately - they will not be able to coach until they are registered.
All members are provided with adequate training / guidance in how to carry, put up and use equipment safely prior to use.				
We have submitted an up to date equipment inventory to our site Activities Co-ordinator.				IF NO: date this will be submitted: ____ / ____ / ____ (agreed with Activities Co-ordinator)
All electrical equipment is either within it's first year of use, has been PAT tested, or we have organised with the Activities Co-ordinator to have this PAT tested.				IF NO: speak to your Activities Co-ordinator.
All of our equipment / kit is safely stored to prevent hazards / damage, and our Activities Co-ordinator has been informed where this is.				
There is qualified First Aid provision during our activity.				<i>Details:</i>
We have a fully stocked First Aid kit and it is available during all group activities				