**Name of Club ……………………………………….. Signature of Risk Assessor …………………………………………..**

**Name of Risk Assessor ……………………………… Date Risk Assessment carried out ………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Yes** | **No** | **Action to be taken** |
| 1 | Is the Ceiling an adequate height for safe practice? |  |  |  |
| 2 | Are windows safe? |  |  |  |
| 3 | Are there any doors opening onto the mat area? |  |  |  |
| 4 | Do doors or windows have any projecting parts? |  |  |  |
| 5 | Are any items around the Dojo securely held? |  |  |  |
| 6 | Is the area around the mat free of obstacles? |  |  |  |
| 7 | Is there a one metre clear area around the mat? |  |  |  |
| 8 | Is there adequate lighting? |  |  |  |
| 9 | Are the mats dense enough to absorb a breakfall? |  |  |  |
| 10 | Are the mats secure and free of tripping hazards? |  |  |  |
| 11 | Are the mats free of tears? |  |  |  |
| 12 | Are the mats clean? |  |  |  |
| **Item No** | **Description** | **Yes** | **No** | **Action to be taken** |
| 13 | Are blood spills cleaned with an appropriate cleaner? |  |  |  |
| 14 | Are students advised to wear sport-safe glasses? |  |  |  |
| 15 | Is all jewellery removed or covered? |  |  |  |
| 16 | Are emergency exits clearly marked and free of obstructions? |  |  |  |
| 17 | Do students know where the emergency assembly point is? |  |  |  |
| 18 | Is a fire extinguisher available? |  |  |  |
| 19 | Is First Aid equipment available? |  |  |  |
| 20 | Are there fire and bomb procedures? |  |  |  |
| 21 | Do all Instructors know the accident reporting procedures? |  |  |  |
| 22 | Is the mat area large enough for the practising students? A guide is 2 sq. m. per person. |  |  |  |
| 23 | Is there a procedure to monitor accidents? |  |  |  |
| 24 | Is the class taught by qualified BAB Instructors? |  |  |  |
| 25 | Are all weapons kept in a good and safe condition? |  |  |  |

**Have there been any accidents this year?** *(Tick box)* € YES € NO If yes, please complete the following sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference Numbers from working sheet** | | | |
| **No** | **Date and details of follow-up action** | | **Follow-up action signed off** |
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| **Date** | **Accident Details** | **Avoidable?** | **Follow-up action** |
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