

# Safety Checklist

<b>Venue:</b> Contact name: Telephone number:		<b>Date:</b>
<b>Session Details:</b>		
<b>1. Venue/ facilities</b>	Does the venue have an Archery GB Range Certificate in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the venue have a risk assessment for archery in place?	Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Read and understood: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If there is no risk assessment for archery and you are working in an Archery GB affiliated venue, review the venue with a club official.	Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If there is no risk assessment for archery and you are working in a non-Archery GB affiliated venue, review the venue with an official.	Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the venue compliant with the <i>Rules of Shooting</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location of toilets:	
	Access points for wheelchair users:	
Notes/actions completed:		
<b>2. Emergency procedures</b>	Does the venue have emergency procedures in place?	Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Read and understood: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you know who to contact in the event of an incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	First-aid kit	Stocked: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:
	Coaches/helpers briefed on emergency procedures*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/actions completed:	Identify and brief coach(es) who will carry out the emergency action plan if needed:	
<b>3. Range layout and control</b>	Does the range layout comply with the <i>Rules of Shooting</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are participants aware of range control and safe behaviour procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, will they be briefed today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/actions completed:		
<b>4. Equipment</b>	Have you checked all equipment is in proper working order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have protective equipment for all participants, especially arm guards and finger tabs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are coaches briefed to select safe and suitable equipment for each participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are coaches briefed to demonstrate safe handling and use of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a process in place to repair damaged equipment before it is used next time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/actions completed:		
<b>5. Participants</b>	Do any participants have specific needs (illness, medication etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are coaches briefed to check participants are appropriately dressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are coaches briefed on specific needs*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/actions completed:	*Identify any special measures required:	
<b>6. Spectators and others</b>	Is the area appropriately cordoned off from spectators and the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are spectators briefed on the emergency action plan and safe range behaviour, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes/actions completed:		