



Risk Management for State Fencing Centre

| RISK REGION/AREA | ITEM | TICK/ACTION REQUIRED |
|------------------------------|---|-----------------------------|
| <i>WHOLE OF VENUE</i> | Emergency Exits clearly marked | |
| | Emergency Exits clear of obstructions (fencing bags etc) | |
| | Rubbish bins emptied and/or sealed | |
| | Major traffic areas and corridors clear of fencing bags or other obstructions | |
| | Clear Safety signage (spectators, competitors and officials) in place | |
| | Any stairs present clear of obstructions, dry and any strips on the edges secure and not lifting | |
| | First Aid kit readily available to DT | |
| | Medical contacts known to the Director of the Tournament (DT) & presence established, (ID lanyards issued if necessary) | |
| | No potentially dangerous objects present in the venue (everything from balls to sticks or bats OUT OF REACH) | |
| | Lighting all functioning | |
| | Lift turned on, and clear of obstructions (both levels) | |
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| RISK REGION/AREA | ITEM | TICK/ACTION REQUIRED |
|------------------------------|---|-----------------------------|
| <i>TOILETS</i> | Clean & functioning. Spare toilet paper available | |
| | Hand dryers with current tags | |
| | | |
| <i>FENCING STRIPS</i> | Cables covered / tied for all strips | |
| | No liquid or foreign objects on or around strips | |
| | No protruding items on strips | |
| | Area immediately surrounding strips clear of equipment | |
| | Barricades or railing secure & in place | |
| | Equipment outside barricade or railing (if available) | |
| | Non-metal strips taped securely | |
| | Underlays for metal strips taped securely | |
| | No Holes present in non metal strips | |
| | All pistes clearly numbered | |
| | Permanent strips all sound & clean | |
| | Surround of permanent strips level with metal strips | |
| | Remotes all available & functioning (for each scoring box) | |
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| | <u>If you happen upon any other issues please add them to this list, as it is a work in progress. Thanks!!</u> | |

COMPETITION:

DATE:

SIGNED:

NAME (PLEASE PRINT):