

WALSALL TENNIS CLUB (formerly BIRMINGHAM ROAD LAWN TENNIS CLUB)

Club grounds at the rear of "Travelodge" Hotel, Birmingham Road, Walsall



www.walsalltennis.co.uk

President: Mrs M.Sanders

Secretary: Mr Rick Magnante, 12, Scott Road, Walsall, WS5 3PU.

Telephone: 01922 645130

RISK ASSESSMENT FORM FOR FACILITIES (To be completed annually)

| Premises: | Walsall Tennis Club, rear of the Travelodge Hotel, BirminghamRoad/Broadway, Walsall WS5 3AB | | |
|--|--|---------|-------------|
| Name and position of person doing check: | | | |
| Date of check: | | | |
| | | | |
| Playing/Training Area: | | | |
| Check that the area and surroundings are safe and free from obstacles. | Please Circle | Checked | Not Checked |
| Is the area fit and appropriate for activity? | | Yes | No |
| If NO , please outline the hazard, who may be at risk and action taken, if any: | | | |
| | | | |
| Equipment: | | | |
| Check that it is fit and sound for activity and suitable for age group/ability: | Please circle | Checked | Not Checked |
| 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: | | | |
| | | | |
| Performers: | | | |
| Check that the performers register is up to date with medical information and contact details: | Please circle | Checked | Not Checked |
| Check that performers are appropriately attired for the activity. | | Checked | Not Checked |
| Is/are the register(s) in order? | | Yes | No |
| If NO , please outline current state and action taken, if any: | | | |
| | | | |

| | | | _, | |
|--|---------------|---------|-------------|--|
| Is/are the register(s) in order? | Please circle | Yes | No | |
| If NO , please outline current state and action taken, if any.): | | | | |
| | | | | |
| Emergency Points: | | | | |
| Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers: | Please circle | Checked | Not Checked | |
| Are emergency access points checked and operational? | | Yes | No | |
| If NO , please outline the issues and action taken, if any: | | | | |
| | | | | |
| Is a working telephone available? | Please circle | Yes | No | |
| If NO , please outline the issues and action taken, if any. | | | | |
| | | | | |
| Safety Information: | | | | |
| Check that evacuation procedures are published and posted somewhere for all to see: | Please circle | Checked | Not Checked | |
| Ensure that volunteers and staff have access to information relating to health and safety: | | Checked | Not Checked | |
| Are emergency procedures published and accessible to those with responsibility for sessions in the club? | | Yes | No | |
| If NO , please outline what information is missing and action taken, if any: | | | | |
| | | | | |
| Does the club need to take any further action? | Please circle | Yes | No | |
| If YES , please specify: | | | | |
| Signed: | | | | |