

Hazard I.D. report

Date:

Time:

Location:

Details of hazard:

Reported by:

Action/closure:

Signed: (Safety Representative)

Accident report sheet

This form must be completed in the event of any accident

Full Name, Address and Occupation of Injured Person:

Signature of person making this entry. If the entry is made by some person acting on behalf of the injured person, the address and occupation of such must be given.

Is injured party a club member?

Yes

No

Date when entry made:

Date and time of accident:

Place where accident happened:

Cause and nature of injury:

Action taken by club:

Quarterly health and safety audit

Date:	Area Audited:		
Audited by:	Time: from		to
1. No. of people in area:			
2. Was area clean/tidy?			
	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If no, describe briefly:			
<hr/>			
3. No. of Fire Extinguishers:		Date of last Inspection:	
<hr/>			
4. Access/Egress Doors:	Clear	Blocked	Comment
<hr/>			
5. Floors:	Clean	Spillages	Obstacles
<hr/>			
6. Safety Signs:	Visible	Not Visible	Needed
<hr/>			
7. Fire Doors:	Closed	Open	Comment
<hr/>			
8. Evidence of smoking in Prohibited Areas:			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comment	
<hr/>			
9. Bins			
Empty <input type="checkbox"/>	Full <input type="checkbox"/>	Comment	
<hr/>			
10. Has there been any accident/injury in this area in the past quarter?			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	
<hr/>			
11. Has the accident/injury been properly reported?			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comment	
<hr/>			
12. Is lighting adequate in the area?			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comment	
<hr/>			
13. Have personnel received fire extinguisher training?			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	
<hr/>			
14. Are locations of fire hydrants generally known			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Comment	
<hr/>			

15. Are Third Parties (non-members) entering the area?

No Yes Comment

16. Is there equipment plugged in?

No Yes

17. Are wiring/plugs/sockets safe?

No Yes Details

18. If protective equipment/clothing is required, is it being used?

No Yes Details

19. Are all areas tidy?

Yes No Comment

20. Are all chairs/stools in good working order?

Yes No Comment

21. Is there evidence of eating/drinking?

Yes No Comment

22. Are toilets clean/serviced?

Yes No Comment

23. First Aid Kit available?

Yes No Comment

24. Is speed limit on site obeyed?

Yes No Comment

Report: Comment on any Health or Safety concerns not specifically covered by the questions above and recommend actions where it is felt necessary

Signed:

Title:
