ENGLAND ATHLETICS
active accessible accredited
ACCREDITED CLUB

Facility Health Check

Location/Venue:	Date:	Assessor:

Potential Hazards	What risks do they pose and to whom?	Who is at risk? E.g. athletes/coaches/ parents/the public/others	Risk Level H/M/L	What precautions have been taken to reduce the risk?	What additional action is needed to control identified hazards and reduce the risk?