

MX Fencing Club

Sabre Fencing Club in Kent

mxfencing@gmail.com

**Risk assessment Form**

To be filled out by a Committee member at the beginning of every term and to be kept on file.

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| --- | --- | --- | --- | --- |
|  | **VENUE – SEVENOAKS PREPARATORY SCHOOL** | | | |
|  | | | | |
| **Name of person doing the check:** |  | | | |
| **Date of check:** |  | | | |
| **Training area:** | MAIN SPORTS HALL (highlight answers in RED) | | | |
| **Is the entrance/exit safe?** | Yes | No | Action required: | Date action completed: |
| **Are the fire doors working?** | Yes | No | Action required: | Date action completed: |
| **Is the flooring in good order?** | Yes | No | Action required: | Date action completed: |
| **Are the electric sockets in good order?** | Yes | No | Action required: | Date action completed: |
| **Are evacuation procedures clearly signposted?** | Yes | No | Action required: | Date action completed: |
|  | | | | |
|  | **EQUIPMENT** | | | |
| Check that ALL equipment is in good working order and report any faults | | | | |
| **Are the following, all safe?** |  |  |  |  |
| **Chest Protectors** | Yes | No | Action required: | Date action completed: |
| **Plastrons** | Yes | No | Action required: | Date action completed: |
| **Breeches** | Yes | No | Action required: | Date action completed: |
| **Jackets** | Yes | No | Action required: | Date action completed: |
| **Lames** | Yes | No | Action required: | Date action completed: |
| **Masks** | Yes | No | Action required: | Date action completed: |
| **Wires** | Yes | No | Action required: | Date action completed: |
| **Swords** | Yes | No | Action required: | Date action completed: |
| **Electric boxes** | Yes | No | Action required: | Date action completed: |
| **Scoring boxes** | Yes | No | Action required: | Date action completed: |
| **Spools** | Yes | No | Action required: | Date action completed: |
|  | | | | |
|  | **FENCERS** | | | |
| **Is the attendance register up to date?** | Yes | No | Action required: | Date action completed: |
| **Is medical information up to date?** | Yes | No | Action required: | Date action completed: |
| **Are emergency contact details for under 18’s up to date?** | Yes | No | Action required: | Date action completed: |
|  |  |  |  |  |
| **Risk assessment completed:** | Signed: | | | |

Written: August 2023

Reviewed: