



RISK MANAGEMENT AND SAFETY AUDIT FORM

As part of the Risk Management and Safety/Sanction process, each Association/Tournament is required to submit an Audit Form for each Facility utilized to the Ringette Ontario office. It is important that these audits are completed as they help determine if any action is required to make the facilities safe for everyone.

Date:	Name of Auditor:	Association:
Facility Name:		City:
Event(s):		

EMERGENCY SERVICES:

Estimated response time of Ambulance:			
Name of Hospital:	Distance:		
Other Hospitals:	Distance:		
Other Hospitals:	Distance:		
Is the 911 Emergency Service available in your area?		Yes	No
If No, what are the emergency numbers?			
Police:		Poison Centre:	
Ambulance:		Hospital:	

FACILITY SERVICES:

Does the Facility have a COVID-19 Health & Safety Plan?	Yes	No
Does the Facility have a have a First Aid Room?	Yes	No
If no, are you able to designate a room for this purpose?	Yes	No
Is there a First Aid Kit Available	Yes	No
Do the Facility's personnel have First Aid Training?	Yes	No
Does the Facility have an injury reporting/COVID reporting process?	Yes	No

FACILITY INSPECTION:

COVID Signage	Yes	No
Hand Sanitizer Stations	Yes	No
Disinfection and Sanitation by Facility between sessions?	Yes	No
Exit Doors:		
How many in Front/Back	Double	Single
Sides	Double	Single
Are they clearly marked, and can they be opened?	Yes	No
Condition of the Ice?		
Good	Fair	Poor
Condition of the Stands?		
Good	Fair	Poor
Condition of the Team Benches?		
Good	Fair	Poor
Comments?		

Overall Comments:

If available, please submit a map of the facility with the above information marked on it (exits, first aid rooms, phones, etc.).

Auditor:

Name:	Signature:	Date:
-------	------------	-------

Please send to the RO Office via info@ringetteontario.com Attention: Risk Management and Audit Safety Form

Copies must be provided to your Region G&T Coordinator as part of the Pre-Tournament Requirements.