



## Exwick Tennis Club Risk assessment form for facilities

**Club name:** Exwick Tennis Club

**Venue:** Exwick Tennis Club

**Name and position of person doing check:** \_\_\_\_\_ Steve Ashton \_\_\_\_\_

**Date of check:** \_\_\_\_\_ 22<sup>th</sup> Oct 2025 \_\_\_\_\_

### Playing/training area

Check that the area and surroundings are safe and free from obstacles.

**Is the area fit and appropriate for activity?** .....NO.....Yes ☐ No ☐

(If no, please outline the hazard, who may be at risk and action taken, if any.)

\_Tennis courts have had their annual maintainence so that they are fit for activity...work carried out by tennis court specilist "Court Solutions" in prperation for more extensive tennis court work due in 2025 \_\_\_\_\_

### Equipment

Check that it is fit and sound for activity and suitable for age group/ability.

**Is the equipment safe and appropriate for activity?** .....YES.....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. Check that performers are appropriately attired for the activity.

**Is/are the register(s) in order?** .....YES ALL UP TO DATE.....Yes ☐ No ☐

(If no, please outline current state and action taken, if any.)

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### **Emergency points**

Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.

**Are emergency access points checked and operational?** .....YES.....Yes ☐ No ☐

(If no, please outline the issues and action taken, if any.)

\_\_\_\_\_ EMERGENCY CONTACT NUMBER DISPLAYED ON  
SIGNAGE \_\_\_\_\_

\_\_\_\_\_

**Is a working telephone available?** .....YES IN TENNIS OFFICE.....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. Ensure that volunteers and staff have access to information relating to health and safety.

**Are emergency procedures published and accessible to those with responsibility for sessions in the club?** .....YES ON DISPLAY THROUGHOUT THE FACILITIES.....Yes ☐ No ☐

(If no, please outline what information is missing and action taken, if any.)

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**Does the club need to take any further action? (If yes, please specify.)**

\_\_\_\_\_ No action needed \_\_\_\_\_

Signed: \_\_\_\_\_ STEVE ASHTON \_\_\_\_\_

Date: \_\_\_\_\_ 22/10/2025 \_\_\_\_\_