




RISK ASSESSMENT CHECKLIST

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| Name of Club: West Cumbria Aikido | Venue: St Bees School Memorial Hall and Playing Fields | | Date of Risk Assessment: 17/08/2020 |
| Name of Risk Assessor: Adrian Punt | Signature of Risk Assessor: |  | Date of Review: 16/08/2021 |

| Item | Description | Yes | Notes | No | Action to be taken |
|------|---|-----|---|----|--------------------|
| 1 | Is the training area free of slip, trip and fall hazards? | ✓ | Large clear area for training. Stage storage area to be accessed from door from corridor. No climbing onto or off the stage. When training outside be careful on wet grass. | | |
| 2 | Is the training area free of electrical hazards? | ✓ | Any issues to be raised with the school | | |
| 3 | Is set-up free of manual handling risks? | ✓ | Mats are light weight 1 m ² jigsaw mats that are stacked at floor level in the stage storage area | | |
| 4 | Is the ceiling an adequate height for safe practice? | ✓ | Very high ceiling | | |
| 5 | Are windows safe? | ✓ | Large clear area for training | | |
| 6 | Is the area free of doors opening onto the mat area? | ✓ | Large clear area for training | | |
| 7 | Are doors or windows clear of any projecting parts? | ✓ | Large clear area for training | | |
| 8 | Are any items around the dojo securely held? | ✓ | Large clear area for training | | |



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| 9 | Is the area around the mat free of obstacles? | ✓ | Large clear area for training | | |
| 10 | Is there a one metre clear area around the mat? | ✓ | Large clear area for training | | |
| 11 | Is there adequate lighting? | ✓ | Large clear area for training | | |
| 12 | Are the mats dense enough to absorb a breakfall? | ✓ | Martial arts jigsaw mats | | |
| 13 | Are the mats secure and free of tripping hazards? | ✓ | Jigsaw mats that were new in 2019 | | |
| 14 | Are the mats free of tears? | ✓ | Jigsaw mats that were new in 2019 | | |
| 15 | Are the mats clean? | ✓ | Jigsaw mats that were new in 2019 | | |
| 16 | Are blood spills cleaned with an appropriate cleaner? | ✓ | Cleaning materials are kept with the mats | | |
| 17 | Are students advised to wear sport-safe glasses? | ✓ | It is advised, where not possible students should ensure that glasses fit securely and if uncertain should remove them and place safely away from the mat or other areas where they may be stood on | | |
| 18 | Is all jewellery removed or covered? | ✓ | All jewellery that could cause harm to the wearer or others should be removed. | | |
| 19 | Are emergency exits clearly marked and free of obstructions? | ✓ | Door from hall to playing field | | |
| 20 | Do students know where the emergency assembly point is? | ✓ | Covered in club arrangements and will be direct by class instructor | | |



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| 21 | Is a fire extinguisher available? | ✓ | Provided by the venue but use by date to be checked and issues reported to the school | | |
| 22 | Is first aid equipment available? | ✓ | Always carried by an instructor | | |
| 23 | Are there fire and bomb procedures? | ✓ | Covered in club arrangements and will be direct by class instructor | | |
| 24 | Do all instructors know the accident reporting procedures? | ✓ | Covered in club arrangements | | |
| 25 | Is the mat area large enough for the practising students? A guide is 2 sq. m. per person. | ✓ | 80 m ² mat space available | | |
| 25 | Is there a procedure to monitor accidents? | ✓ | Covered in club arrangements | | |
| 26 | Is the class taught by qualified BAB Instructors? | ✓ | Both instructors are BAB CL1 certified instructors and WAKO insured | | |
| 27 | Are all weapons kept in a good and safe condition? | ✓ | Members provided with advice on how to care for weapons. Instructor can require weapons to be removed from practice. | | |
| 28 | Are appropriate changing and welfare facilities available? | ✓ | Male and female changing rooms with toilet and shower facilities. Drinking water (from tap) is available. When training outside the instructor carries a key to access the Memorial Hall. | | |



RISK ASSESSMENT CHECKLIST

Accident Sheet

Have there been any accidents in the last 12-months? (Tick box) YES NO

If yes, please complete the following accident sheet.

| Reference Numbers from working sheet | | | |
|--------------------------------------|--------------------------------------|------------|-----------------------------|
| No | Date and details of follow-up action | | Follow-up action signed off |
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| Date | Accident Details | Avoidable? | Follow-up action |
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