



# EVENT SAFETY CHECKLIST

Facility \_\_\_\_\_

Address \_\_\_\_\_

Facility Manager \_\_\_\_\_

Date of Inspection \_\_\_\_\_ By whom \_\_\_\_\_

Position \_\_\_\_\_

Area/Equipment	Condition		Notes/Comments
	<u>Acceptable</u>	<u>Unacceptable</u>	
Track Surface	<input type="checkbox"/>	<input type="checkbox"/>	_____
Long Jump Pits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Landing Areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discus/Shot Put Circles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runways	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sand Pits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Takeoff Boards	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hurdles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Starting Blocks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throwing Implements	<input type="checkbox"/>	<input type="checkbox"/>	_____

# **VOLUNTEER HUDDLE CHECKLIST**

**Review these items with volunteers PRIOR TO the start of the event.**

Race Director: \_\_\_\_\_

AED on site  Yes  No Location \_\_\_\_\_

First Aid Station on site  Yes  No Location \_\_\_\_\_

First Responders on site  Yes  No Name(s) \_\_\_\_\_

Physician on site  Yes  No Name(s) \_\_\_\_\_

CPR Trained on site  Yes  No Name(s) \_\_\_\_\_

Ambulance Entrance/Exit Location: \_\_\_\_\_

Fire Alarms/Extinguishers Location: \_\_\_\_\_

Communication Channels:

PA System  Two-Way Radios  Cell Phones

Communications should include:

- Nature of emergency
- Actions that have been taken and actions that need to be taken
- Safety instructions and precautions