### MATCH DAY PREPARATION REPORT

**This form should be filed with the Club’s weekly match reports as a legal document. This form should be completed prior to the play of lacrosse for the day.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | | | **High Standard or Yes** | | | **OK / Tidy or No** | | **Requiring Action or Action Taken** |
| **1. Wall Notices** | | | | | | | | |
| Local emergency numbers displayed | | |  | | |  | |  |
| Club contact numbers displayed | | |  | | |  | |  |
| **2. Grounds** | | | | | | | | |
| Clear of litter / sticks/debris | | |  | | |  | |  |
| Clear of holes | | |  | | |  | |  |
| Perimeter/boundary fencing and fittings are safe | | |  | | |  | |  |
| Warning notice of danger of ‘flying balls, being close to the sidelines etc. on display | | |  | | |  | |  |
| Goals are firmly pegged in ground | | |  | | |  | |  |
| Ambulance access is provided | | |  | | |  | |  |
| Sprinkler heads covered | | |  | | |  | |  |
| Lighting conditions are adequate | | |  | | |  | |  |
| Spectator seating is safe and in good condition | | |  | | |  | |  |
| Spectators are separated from the players with appropriate boundaries/barriers | | |  | | |  | |  |
| Other: | | |  | | |  | |  |
| **3. Match Preparation** | | | | | | | | |
| Lines are marked correctly (in accordance with rules) and are a sufficient distance from fencing and other structures | | |  | | |  | |  |
| Protection shelter for scorers provided | | |  | | |  | |  |
| Safe seating for teams provided | | |  | | |  | |  |
| Officials / team area roped off | | |  | | |  | |  |
| A qualified first aid officer is present | | |  | | |  | |  |
| **4. Buildings** | | | | | | | | |
| Change areas clean | | |  | | |  | |  |
| Toilets clean | | |  | | |  | |  |
| Electrical switches not broken | | |  | | |  | |  |
| Lights functioning | | |  | | |  | |  |
| Fire extinguisher in place | | |  | | |  | |  |
| Steps safe | | |  | | |  | |  |
| Security lights not damaged | | |  | | |  | |  |
| Glass/needles cleared from surrounds | | |  | | |  | |  |
| Waste water pipes functioning | | |  | | |  | |  |
| First aid equipment maintained and available | | |  | | |  | |  |
| **5. Kitchen Safety** | | | | | | | | |
| Benches and sinks are clean | | |  | | |  | |  |
| Refrigerator working at appropriate temperature | | |  | | |  | |  |
| Heating and re-heating appliances are clean | | |  | | |  | |  |
| Urn provided | | |  | | |  | |  |
| Gloves provided and used for food service | | |  | | |  | |  |
| **6. Weather conditions** | | | YES | | | NO | | NA |
| Existing weather conditions warrant cancellation or postponement of event | | |  | | |  | |  |
| 7. Other | | | | | | | | |
|  | | |  | | |  | |  |
| Lacrosse Club | | | | | | | | |
| Venue of Games | |  | | Date of Play | | |  | |
| Reported by:  President (or rep) | Name: | | | | Signature: | | | |
| Second Club Official:  e.g. ground marker | Name: | | | | Signature: | | | |