### 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:  |