

# Sports Team Risk Assessment Checklist

Date:

Team Name:

Assessor Name:

## Checklist Items

Item	Description	Risk Level (High/Medium/Low)	Action Required	Responsible Person	Completion Date
1	Equipment Condition				
2	Field/Court Safety				
3	First Aid Availability				
4	Emergency Procedures				

## Additional Comments

## Signatures

Assessor Signature: \_\_\_\_\_

Date: