

Match Venue:  Date of Inspection:  Time:   
DD/MM/YYYY HH:YY (24)

Home Team:  Away Team:

Please refer to the Match Day Checklist Guidelines for further information, terms and conditions.

(Acceptable) (Action Required)  
**YES NO**

### 1. Weather Conditions:

1.1 In regard to player safety, are the weather conditions satisfactory for play to commence?

### 2. Field of Play:

2.1 In regard to player safety, is the playing surface satisfactory for matches to commence?

2.2 Has all visible debris, that may affect player safety, been removed?

2.3 Are the match formats and ground markings in-line with the rules of the game (as per FQ specifications)?

2.4 Are all sprinkler covers intact and level with the playing field?

2.5 In regard to player safety, are the perimeter fences and/or signs free from visible hazards?

2.6 Have all moveable goals been checked for safety as per the Fair Trading Regulation 2001?

### 3. Facilities:

3.1 In regard to safety, are the public areas (e.g. seating and walkways) free of visible hazards?

3.2 In regard to safety, are the player's areas (e.g. change rooms) free from visible hazards?

### 4. First Aid:

4.1 Are First Aid facilities (e.g. First Aid Kit, qualified personnel and ice) on site and accessible?

4.2 Is there a stretcher available for use in the event of a serious injury?

### 5. Other Factors (please insert details of safety areas specific to your circumstances):

5.1 Have other factors that require attention to ensure player and/or public safety been addressed? N/A

Please specify:

### 6. Please provide details of areas requiring attention and actions taken to address your safety concerns.

### 7. Declarations

7.1 Home Team Declaration:

Home Team Authorised Representative's Name (please print)

I declare that I am an authorised representative of the nominated Home Team.

I declare that after reasonable inquiry, the following statements are true and accurate:

A. the above inspection (Match Day Checklist) was completed as per the above date and time.

B. all hazards, risks and safety concerns have been addressed to an acceptable level and recorded on this form (Sec. 6);

C. both teams are satisfied that the playing conditions are acceptable prior to the commencement of play.

Home Team Authorised Representative's Signature

7.2 Away Team Declaration:

Away Team Authorised Representative's Name (please print)

I declare that I am an authorised representative of the nominated Home Team.

I declare that after reasonable inquiry, the following statements are true and accurate:

A. the above inspection (Match Day Checklist) was completed as per the above date and time.

B. all hazards, risks and safety concerns have been addressed to an acceptable level and recorded on this form (Sec. 6);

C. both teams are satisfied that the playing conditions are acceptable prior to the commencement of play.

Away Team Authorised Representative's Signature

JLT Sport recommends a copy of this Match Day Checklist is retained on file for seven (7) years by the home team.