

# WELWYN RUGBY FOOTBALL CLUB

## Equipment Assessment Form

This assessment **MUST** be done bi-monthly commencing in August each year. This form must be kept by the relevant section chairperson for 18 months.

Equipment – is the equipment fit for the planned activity:

	<b>YES</b>	<b>NO</b>
Tackle bags	<input type="checkbox"/>	<input type="checkbox"/>
Contact pads	<input type="checkbox"/>	<input type="checkbox"/>
Contact suits	<input type="checkbox"/>	<input type="checkbox"/>
Scrum machines	<input type="checkbox"/>	<input type="checkbox"/>
Post protectors	<input type="checkbox"/>	<input type="checkbox"/>
Touchline poles/flags	<input type="checkbox"/>	<input type="checkbox"/>

If **NO** please outline hazard and who may be at risk and action taken if any:

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Authorised by Mini Junior Chairman (MJC)/ Dir Playing Committee (Dir.PC) or Club Coaching Coordinator(CCC):

Name of MJC. Dir.PC or CCC:.....

Signature:.....

Date:.....