BRITISH TAEKWONDO COUNCIL								
RISK ASSESSMENT FORM								
Instructor Name:					Grade) :		
Club Name:					Assoc	ciation:		
Club Address:								
Description of Venue:								
Has a Risk Assessment for this venue/training session been done?		Y	If Yes, please attach or reference date and location: N If No, complete the Risk Assessment below.					cation:
	tion/ Activ	/ity	10		Session Start/	End	No of People	
(eg Child B	vanced, Patterns/Sparring)				Times Training			
					-			
Vanua Trainina Balatad Haranda		D:-1-*	1 1++			Controls		
Venue/Training Related Hazards		Risk*	Level**			Controls		
Training Hall – Environment, Size, Floor Surface, Lighting, Ventilation								
Training Hall – Temperature, Fire Exits, Fire Alarms, Fire Drill, First Aid								
Training Hall – Spectators, Seating, Space, Equipment, Tidy/Untidy								
Training Hall – Chemicals/Substances, Liquids, Sprays, Solids								
Training Hall – Toilet, Showers, Changing Facilities							1	
Students – Adults, Children, Male/Female, Age, Class, Assistants								
Students – Ability, Knowledge, Size, Over Eager						16		
Students – Disabilities, Medical Needs		N	D	G	0			
Equipment – Instructors, Approved, Kick Mitts, Punch Bags, Kick Paddles, Breaking Boards								
Equipment – Students, Doboks, Kick Mitts, Arm/Shin Guards, Groin Guards, Trunk Protectors, Head Guards, Gum Shields, Shoes								
Equipment – Breaking Boa	ard Stands							
Accessories – First Aid Kit Membership & Insurance I								