

# FACILITY SAFETY CHECKLIST

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Manager: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ By Whom: \_\_\_\_\_

Position: \_\_\_\_\_



## FINDINGS



Area	Good	Condition Acceptable	Unacceptable	Notes / Comments
Ice condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breakaway nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glass enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penalty boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Officials' box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other danger areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Report filed with: \_\_\_\_\_ Date: \_\_\_\_\_

(e.g. branch, rink manager, etc.)

Response Requested:                      Yes                       No

Action Taken: \_\_\_\_\_