



North York Academy (NYA)

Facility & Equipment Safety Check Form

Venue: _____
Date of Check: _____
Staff Name & Position: _____

1. Playing / Training Area

Is the playing area safe and free from hazards (debris, holes, unsafe surfaces)?

Yes No

If no, describe hazard and action taken:

2. Equipment Check

Is all equipment safe, secure, and appropriate for activity (goals, nets, cones, balls)?

Yes No

If no, describe issue and action taken:

3. Goalposts Safety

Are goalposts properly secured, stable, and safe for use?

Yes No



If no, describe issue and action taken:

4. Emergency Access & Safety

Are emergency access points clear and accessible?

Yes No

If no, describe issue and action taken:

5. Emergency Preparedness

Is a working phone available and emergency contacts accessible?

Yes No

If no, describe issue and action taken:

6. Additional Notes / Risks Identified

Staff Signature: _____