

## ARENA SAFETY CHECKLIST

Name of Facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 Facility Manager \_\_\_\_\_  
 Date of Inspection \_\_\_\_\_ By whom \_\_\_\_\_  
 Position \_\_\_\_\_

**FINDINGS:**

Area	Condition			Notes/Comments
	Good	Acceptable	Unacceptable	
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"/>	_____ First
Aid Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ First
Aid Equipment	<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"/>	_____
Dressing rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Washroom toilet stalls, sinks and shower area)				
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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_