

**AIKIDO
RESEARCH
FEDERATION**

RISK ASSESSMENT PROFORMA

Name of Club

Signature of Risk Assessor

Name of Risk Assessor

Date Risk Assessment carried out

| Item No | Description | Yes | No | Action to be taken |
|---------|------------------------------------------------------|-----|----|--------------------|
| 1 | Is the Ceiling an adequate height for safe practice? | | | |
| 2 | Are windows safe? | | | |
| 3 | Are there any doors opening onto the mat area? | | | |
| 4 | Do doors or windows have any projecting parts? | | | |
| 5 | Are any items around the Dojo securely held? | | | |
| 6 | Is the area around the mat free of obstacles? | | | |
| 7 | Is there a one metre clear area around the mat? | | | |
| 8 | Is there adequate lighting? | | | |
| 9 | Are the mats dense enough to absorb a breakfall? | | | |
| 10 | Are the mats secure and free of tripping hazards? | | | |
| 11 | Are the mats free of tears? | | | |
| 12 | Are the mats clean? | | | |

RISK ASSESSMENT PROFORMA

| Item No | Description | Yes | No | Action to be taken |
|---------|-------------------------------------------------------------------------------------------|-----|----|--------------------|
| 13 | Are blood spills cleaned with an appropriate cleaner? | | | |
| 14 | Are students advised to wear sport-safe glasses? | | | |
| 15 | Is all jewellery removed or covered? | | | |
| 16 | Are emergency exits clearly marked and free of obstructions? | | | |
| 17 | Do students know where the emergency assembly point is? | | | |
| 18 | Is a fire extinguisher available? | | | |
| 19 | Is First Aid equipment available? | | | |
| 20 | Are there fire and bomb procedures? | | | |
| 21 | Do all Instructors know the accident reporting procedures? | | | |
| 22 | Is the mat area large enough for the practising students? A guide is 2 sq. m. per person. | | | |
| 23 | Is there a procedure to monitor accidents? | | | |
| 24 | Is the class taught by qualified BAB Instructors? | | | |
| 25 | Are all weapons kept in a good and safe condition? | | | |

Have there been any accidents this year? (Tick box) ☐ YES ☐ NO If yes, please complete the following sheet.

RISK ASSESSMENT PROFORMA

| Reference Numbers from working sheet | | | |
|--------------------------------------|--------------------------------------|------------|-----------------------------|
| No | Date and details of follow-up action | Avoidable? | Follow-up action signed off |
| | | | |
| | | | |
| | | | |
| Full address | | | |
| | | | |
| Post code | | | |
| Phone No | | | |
| Date | Accident Details | Avoidable? | Follow-up action |
| | | | |
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