

Sport Clubs Program
SAFETY CHECKLIST
AEROBICS ROOM A

Club _____ Date of Event: _____

- Was the room clean and swept when you arrived? Yes No
- Were all the doors to the facility secured when you arrived?
 (If no, list below) Yes No
- If No, which doors were unlocked? _____
- Were any windows broken? (List below) Yes No
- Any lights needing replacing? (List below) Yes No
- Was the equipment inventory complete? (List any missing items below) Yes No
- Was the equipment in safe and working order? (If unsafe list below) Yes No
- Was the first aid kit accessible? Yes No
- Was the first aid kit lacking in supplies? (If yes, list items needed below) Yes No
- Were there any accidents? (If yes complete an accident report) Yes No
- Were there any incidents? (If yes, complete an incident report) Yes No
- Have all participants signed liability waivers? Yes No

Statistics	#Men	#Women	Total

Comments/Concerns:

Time of your arrival? _____ Time of your departure? _____

 Signature

 Date

