ARENA SAFETY CHECKLIST

Name of Facility _____

Address _____

Facility Manager _____

Date of Inspection _____ By whom _____

Position _____

FINDINGS:

Area	Good	Acceptable	Unacceptable	Notes/Comments
Ice Condition	☐	☐	☐	_____
Breakaway nets	☐	☐	☐	_____
Boards	☐	☐	☐	_____
Lighting	☐	☐	☐	_____
Benches	☐	☐	☐	_____
Gates	☐	☐	☐	_____
Glass enclosures	☐	☐	☐	_____
Air quality	☐	☐	☐	_____
Penalty boxes	☐	☐	☐	_____
Officials' box	☐	☐	☐	_____
Evacuation procedure	☐	☐	☐	_____
Emergency exits	☐	☐	☐	_____
First Aid Room	☐	☐	☐	_____
First Aid Equipment	☐	☐	☐	_____
Telephone	☐	☐	☐	_____
Heating system	☐	☐	☐	_____
Dressing rooms	☐	☐	☐	_____

(Washroom toilet stalls, sinks and shower area)

| Other danger areas | ☐ | ☐ | ☐ | _____ |

_____   _____

AED in Arena ☐ Yes ☐ No Location _____

Report filed with _____ Date _____
(e.g., Branch, Rink Manager, etc.)

Response requested ☐ Yes ☐ No

Action Taken

_____

_____

_____