

WRESTLING AUSTRALIA

ABN 50 711 416 640

Reg 13442Z



Pre Event Risk Audit

Event Name:	
Event Manager:	
Phone:	Email:
Event Safety Co-ordinator	
Phone:	Email

We have received a copy, reviewed the documents and agree to conduct this event in accordance with the following WA Inc Policies and UWW regulations:

Risk Management Policies – July 2003	YES / NO
Code of Practice	YES / NO
Safer Club Program	YES / NO
Policy on Suplex and Other Advanced Manoeuvres	YES / NO
Anti Doping Policy	YES / NO
Member Protection Policy	YES / NO
FILA Competition Rules	YES/NO
WA Inc Competition Guidelines 2004	YES/NO



Email: admin@wrestling.com.au

Competition Directors signature:	Date / /
Competition Safety Co-ordinator's signature:	Date / /

Event Venue:

Are arrangements in place to conduct a survey of the site to ensure it is clear of any dangerous and/or sharp objects that may provide a risk of injury?	YES / NO
Will a fully equipped first aid kit be readily available?	YES / NO
Will ice be readily available	YES / NO
Will water be readily available	YES / NO
Is there a system in place for reporting incidents?	YES / NO
Will competitors be checked to ensure they are appropriately attired with no evidence of jewellery or watches being worn during wrestling activities?	YES / NO
Has an approved waiver/understanding of risk contract been signed by each participant present (or by a parent or guardian for those under 18 years of age)?	YES / NO
<p>If NO, WA Inc approved Waivers must be available to be signed at the event. Completed waivers must be forwarded to WAInc</p> <p>Email admin@wrestling.com.au FAX: 61 2 9489 0986 POSTAL: PO Box 833, Wahroonga, NSW, Australia, 2076</p>	

Safety Equipment:

Are proprietary based mats used?	YES / NO
Are these mats in good order and maintained hygienically?	YES / NO
Will the area free from obstructions?	YES / NO
Will there sufficient clearance around the mats?	YES / NO
If no, is there padding on walls, tables etc?	YES / NO
Will there be blood spill clean up equipment available	YES/NO
Will the Emergency Management Plan be placed in a visible position	YES / NO

Safety Co-ordinators Certification:

Safety Co-ordinators Name:	
Signature:	
Postal Address:	
Primary Tel: Email:	Mobile: