

**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

