

**RISK ASSESSMENT CHECKLIST**

**ACDS Club** ..... **Event** ..... **Date** .....

<b>ITEM</b>	<b>OK</b>	<b>Not OK</b>	<b>Reason</b>	<b>OK</b>
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**Venue**

Horse security				
Emergency vehicle access				
First Aid and Emergency services				
Spectator areas clear of horse areas				
Safe ablution facilities				
Hygienic catering arrangements				
Venue special requirements				
Marshalling and rest areas adequate				
Unobstructed or alternative paths from camping areas to competition arenas				
Controlled motor vehicle movement				
Separate horse-free motor vehicle parking				
Power Supply / Electrical hazards				

**Course**

Permits obtained				
ACDS control of activity				
External controls identified				
Course and obstacles checked for safety				
Alternative routes checked				
Assembly and dispersal areas adequate				
Safe spacing of participants				
Spectators barriers adequate				

**Competitors**

Treating Veterinarian available				
Advised of any hazards (water/bridges, etc)				
Harness/Vehicle Marathon Checking				

**Officials**

Sufficient numbers				
Briefings scheduled				
Properly briefed				
Communications from course to office				

**Miscellaneous**

Dogs – No/Yes/Controlled				
Incident Reports available				
Debriefing Scheduled				

**Other Concerns**


**Technical Delegate**..... **Signature**.....  
**(or Risk Management Officer)** **Date**.....

*Checklist to be retained by the organizing club but copy to be supplied to Federal Secretary with any forwarded Incident Report Form*