



Match Day Inspection Form

This Match Day Inspection Form is a risk management tool that should be completed at the start of the day at each venue. It is designed with amateur sports volunteers in mind to assist you to identify risks present on the day and to take steps to prevent injuries to players and harm to others at the venue, resulting in claims for negligence. This inspection form does not identify all risks. Gow-Gates and FFA suggest you use your own experience and initiative to identify additional risks that may be present.

A representative from each participating team should consider the matters presented on this form and sign it attesting to the information it contains.

This completed form should be presented to the ground manager and kept on file by the home club.

Venue:

Date:

MATCHES

1. Are there any matches to be played today which pose a greater than normal risk?	Yes	No
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Points to consider include: Player defections, previous matches played with bad blood, local derby, close position on the ladder.

2. Have match officials been made aware of any increased risks?	Yes	No	N/A
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Points to consider include: Matches as per Q1 and areas of the playing surface

FIELD OF PLAY

1. Is ground marking compliant with FIFA and FFA regulations and local by-laws?	Yes	No
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2. Is the playing field free of any debris that may cause increased risk of injury?	Yes	No
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Points to consider include: Broken glass, sprinkler heads, sprinkler covers, tree roots, hard cricket pitches, pot holes, tent / tarpaulin pegs, cans.

3. Is any perimeter fencing a safe distance from the field of play and / or adequately covered to prevent injury with no protruding / damaged sections?	Yes	No
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LIGHTING

1. Do floodlights meet Australian standards for sporting grounds?	Yes	No
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GOAL POSTS

1. Are goal posts and nets secured correctly and compliant FIFA, FFA and Local By-Laws and meet the guidelines set the ACCC (Product Safety Australia)?	Yes	No
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If No to the above, please visit their website www.productsafety.gov.au/soccergoals

2. Are goal posts secured by at least one anchor point of the rear ground bar?	Yes	No
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LOCATION

1. Is a stretcher available?	Yes	No
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2. Is there access for an ambulance to the field of play and ramp access to change rooms?	Yes	No
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3. Are public areas and car parks free of visible risks?	Yes	No
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Points to consider: Collapsed seats, protruding wires, broken windows, damaged steps, steps without hand rails, free of debris.

4. Are First Aid Kits appropriately stocked / qualified personnel on hand?	Yes	No
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CANTEEN

1. Are hot water facilities, fat fryers, ovens and pie warmers out of reach of children?	Yes	No
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2. Are there safety instructions and warning signs of hot surfaces prominently displayed?	Yes	No
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CHANGE ROOMS

1. Are change room floors safe and slip free? Yes No

Points to consider: Blood spillage, sharp edges, medical supplies safely stored?

2. Are change room lights and windows shielded from impact by footballs? Yes No

3. Are change rooms clean and hygienic? Yes No

4. Is 'Safe Football' collateral displayed and made available to match day volunteers? Yes No

WEATHER

1. Is weather fit to commence play? Yes No

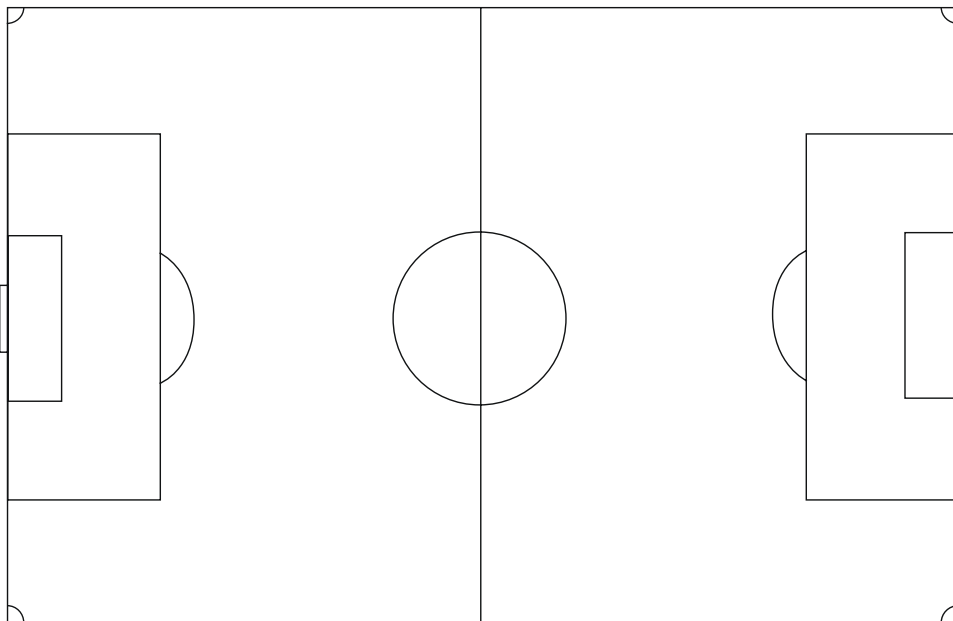
2. Is extreme weather predicted for the day which could pose a risk? Yes No

Points to consider: Heavy rain, hail, fog, lightning and heat.

ACTION TAKEN

If any risks have been identified in completing this form please provide details below, including steps taken to reduce risks.

Please highlight on the below diagram the location of any identified risks:



SIGNED

Home Club Representative

Name: _____ Signature: _____

Away Club Representative

Name: _____ Signature: _____



Serious Injury Report Form

THIS REPORT SHOULD BE COMPLETED AND FORWARDED TO GOW-GATES WITHIN 48 HOURS OF INJURY.

Please use this form to report any injuries that occur whilst playing football or taking part in organised football squad training sessions that fit any of the following definitions:

1. An individual who sustains an injury which results in their being admitted to a hospital. This does not include those taken to an Accident or Emergency Department and allowed home from there; and / or
2. Fatalities occurring during or within 6 hours of the game finishing.

Failure to complete these forms may, in some circumstances, lead to loss of insurance support, as these forms flag potential claims.

Once completed, please send this form to Gow-Gates Insurance Brokers via email to football@gowgates.com.au or fax to 02 8267 9998.

GENERAL INFORMATION			
Date of report:		Time of report:	
Date of injury:		Time of injury:	
Player's name:		DOB or age:	
Club / School:		Team:	

INJURED PLAYER CONTACT DETAILS			
Address:			
Phone number:		Mobile:	
Next of Kin:		Relationship:	
Phone number:		Mobile:	
Nature of injury:			

MATCH DETAILS	
Opposition club:	
Team:	
Venue:	
Name of Match Official:	

THIS FORM IS DESIGNED TO RECORD AND FLAG SERIOUS INJURIES SO FFA AND GOW-GATES CAN BE PRO-ACTIVE IN HANDLING SERIOUS INJURY CLAIMS. THIS IS NOT A CLAIM FORM.



CIRCUMSTANCES OF INJURY

Position played when hurt:

Playing or training?

Contact or non-contact?

Please provide a brief report of circumstances of injury or illness below:

Did the injury result in a free kick?

Yes No

Was the player kept in overnight (OR required nursing supervision elsewhere, eg. school)?

Yes No

Date of admission to hospital:

Date of release from hospital:

Did the player leave the field immediately?

Yes No

Name and address of hospital:

NATURE OF INJURY (PLEASE TICK THE APPROPRIATE BOX)

Body part affected

Head	Chest / Back
Face / Jaw	Abdomen / Pelvis
Neck	Knee
Shoulder / Upper limb	Lower limb

Provisional diagnosis of injury

Concussion	Damaged Ligament
Damaged Teeth	Internal
Fracture	Laceration (Wound)
Dislocation	Other (Please specify):

PLAYER DECLARATION

I understand that this Serious Injury Report, which includes personal data about me (including sensitive personal data, e.g. medical information) for the purposes of the Privacy Act (the "Act"), will be kept by Gow-Gates Insurance Brokers. As well as being held by Gow-Gates, I understand that this data will be processed in the following ways:

- disclosure to Sportscover, the insurers to the FFA National Insurance Program;
- disclosure to FFA and/or Member federation.

I consent to this processing.

Signature of consenting injured player (or representative):

Date:

CONFIRMATION ON BEHALF OF CLUB POSITION WITHIN CLUB/SCHOOL:

Name of reporting person:

Position within club / school:

Contact phone numbers:

Signature:

Date:



SAFE FOOTBALL

WHAT IS SAFE FOOTBALL?

Safe Football is a pro-active approach in raising the awareness and minimising the potential risks that can be minimised to provide a safe and friendly environment for Football.

DO YOU KNOW HOW TO ACCESS AND KNOW WHERE TO LOCATE THE SAFE FOOTBALL INFORMATION?

Your club has been provided with the resources to assist you in understanding the objectives and how Safe Football works.

You also have the opportunity to undertake a brief, online tutorial that will avail the necessary knowledge for you to better understand the Safe Football plan and pro-active approach to minimising risk to you and your children.

ARE YOUR GOAL POSTS SAFE?

FFA, in conjunction with the ACCC (Product Safety Australia) has designed guidelines for securing goal posts. Please visit their website www.productsafety.gov.au/soccergoals.

ARE THE FIRST AID AND MEDICAL EQUIPMENT ADEQUATE AND DOES YOUR FOOTBALL CLUB HAVE ADEQUATELY QUALIFIED PERSONNEL AVAILABLE ON ALL MATCH AND SPORTING ACTIVITIES?

Please contact your designated club Responsible Officer and / or Risk Management Officer for further information on the medical facilities provided by your football club.

ARE YOU AWARE OF THE SERIOUS INJURY PROCEDURES AND PROTOCOLS AT YOUR CLUB?

Procedures for:

- Head and neck injuries
- Concussion
- Blood Spillage

Please contact your designated club Responsible Officer and / or Risk Management Officer for further information on the Serious Injury Procedures and Protocols.

Football Club Inc. Safe Football Key Personnel

Responsible and / or Risk Management

Officer Name _____ Phone _____

First Aid and Medical

Officer Name _____ Phone _____

Other

Officer Name _____ Phone _____

Emergency Contacts

Ambulance

Phone _____ Location _____

Police

Phone _____ Location _____

Nearest Hospital

Phone _____ Location _____

Nearest Medical Centre

Phone _____ Location _____

Fire Station

Phone _____ Location _____

If you wish to seek more information on Safe Football or wish to assist your football club in becoming a safer environment for the football community, your children and the general public, please contact your football club's 'Responsible and/or Risk Management Officer' or visit the Safe Football website www.gowgatessport.com.au/football

