

Title of Visit

Type title here (double-click to open header)

Name of Centre:	Name of owner:	Address:		
Name of centre head or warden:				
Telephone number:				
Contact name within the organisation:	Date of Assessment:			
<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
AALA Licence number and expiry date				
Accident log book				
“Near Miss” book				
Centre diary				
Staff Meeting Every Morning to Discuss				
Agreed program of activities				
Special Safety precautions				
Back-up and/or support available				
<b>Emergency Procedures</b>				
<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Approved Activities</b>
<b>National Governing Body Approval</b>				
<b>Membership of Other Organisations</b>				
Centre safety systems check				
Accommodation check				
Centre comprehensively insured				
<b>Staff check</b>				
Equipment check				