



Basketball Australia Game Day Checklist for Venue Owner/Manager

Location/Venue _____

PLAYING AREA

Following a court inspection, are there any areas of the surface that may effect players safety?	YES	NO
Have the courts been cleaned? i.e. wiped or mopped	YES	NO
Have the courts been swept before the game?	YES	NO
Are the backboard units in good condition?	YES	NO
Is there any visible debris or hazard on the playing surface?	YES	NO
Are all the light operational, illuminate the playing area and doesn't interfere with play?	YES	NO
Is there a mop or towels available at court side to wipe up wet spots on the court as they arise?	YES	NO

COMMENTS:



RUN-OFF AND PERIMETER AREAS

Are there any obstructions or hazards within the run-off or perimeter areas that could effect player safety?	YES	NO
If there is an obstacle does it have padding?	YES	NO
Is all signage securely fixed with no sharp edges exposed?	YES	NO

COMMENTS:

FACILITIES

Is the public viewing area safe and free from tripping hazards?	YES	NO
Are the Emergency Exits clear and unlocked?	YES	NO
Are the Exit signs illuminated?	YES	NO
Are the toilets/showers clean?	YES	NO
Are the floors clear of water to ensure users won't slip?	YES	NO
Is the canteen clean?	YES	NO
Does the canteen meet food regulations? E.g. food handling/hygiene	YES	NO

COMMENTS:



FIRST AID

Are there first aid facilities on site and accessible?	YES	NO
Has the first aid kit been inspected and replenished if required?	YES	NO
Is there a qualified first aid person on duty during games?	YES	NO
Is there a stretcher within the venue?	YES	NO
Is there ice available to treat injuries?	YES	NO
Is the ambulance access to the building and into the stadium clear from obstacles and unlocked during games?	YES	NO
Were there any incidents from the night before and were they reported?	YES	NO

COMMENTS:

Name

Signature

Date

Time



Monthly Checklist for Venue Owner/Manager

Have all issues identified during the month been allocated for rectification?	YES	NO
Have all issues identified during the previous month been rectified?	YES	NO
If NO is there a plan in place to have them rectified?	YES	NO
Have all incidents that occurred during the month been recorded?	YES	NO

COMMENTS:

Name

Signature

Date

Time



Annual Checklist for Venue Owner/Manager

Have the courts been resurfaced / sanded for the following year?	YES	NO
Have the Backboards been inspected and signed off for the coming year?	YES	NO
Have the basketball rings, nets and mounts been inspected and signed off for the coming year?	YES	NO
Have all general maintenance issues that were highlighted through out the year been rectified?	YES	NO
If 'NO' is there a plan to have them rectified	YES	NO
Have all cooking areas and machinery been thoroughly cleaned for the coming year?	YES	NO
Have all toilets and showers been thoroughly cleaned for the coming year?	YES	NO
Have all internal and external lighting been tested and rectified for the coming year?	YES	NO
As per state government requirements has all electrical equipment been tested and tagged?	YES	NO
As per state government requirements has all fire fighting equipment been tested and tagged? (Fire Extinguishers, Hose Reels, Fire Alarms, Fire detectors, Exit Signs etc)	YES	NO
As per state government requirements has the center conducted a fire drill?	YES	NO
As per state government requirements have all staff qualification (First Aid, Fire Marshall etc) been updated?	YES	NO

COMMENTS:

Name

Signature

Date

Time