



Wrestling Australia Inc

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POSTAL: PO Box 198 Glen Iris, Victoria 3146

Pre-Event Risk Audit

Event Name:	
Event Manager:	
Phone:	Email:
Event Safety Co-ordinator	
Phone:	Email

We have received a copy, reviewed the documents and agree to conduct this event in accordance with the following WAI Policies and UWW regulations:

Risk Management Policy – 2020	YES / NO
Code of Practice	YES / NO
Anti Doping Policy	YES / NO
Member Protection Policy	YES / NO
UWW Competition Rules	YES/NO
WAI Competition Guidelines 2004	YES/NO

Competition Directors signature:	Date / /
Competition Safety Co-ordinator's signature:	Date / /



Event Venue:

Are arrangements in place to conduct a survey of the site to ensure it is clear of any dangerous and/or sharp objects that may provide a risk of injury?	YES / NO
Will a fully equipped first aid kit be readily available?	YES / NO
Will ice be readily available	YES / NO
Will water be readily available	YES / NO
Is there a system in place for reporting incidents?	YES / NO
Will competitors be checked to ensure they are appropriately attired with no evidence of jewellery or watches being worn during wrestling activities?	YES / NO
Has an approved waiver/understanding of risk contract been signed by each participant present (or by a parent or guardian for those under 18 years of age)? If NO, WAI approved Waivers must be available to be signed at the event. Completed waivers must be forwarded to WAI Inc Email admin@wrestling.com.au	YES / NO

Safety Equipment:

Are proprietary based mats used?	YES / NO
Are these mats in good order and maintained hygienically?	YES / NO
Will the area free from obstructions?	YES / NO
Will there sufficient clearance around the mats? If no, is there padding on walls, tables etc?	YES / NO
Will there be blood spill clean up equipment available	YES/NO
Will the Emergency Management Plan be placed in a visible position	YES / NO

Safety Co-ordinators Certification:

Safety Co-ordinators Name:
Signature:



Postal Address:

Primary Tel:

Mobile:

Email:

