**Social Gaelic Games Planning Check List**

**All current government Covid19 Public Health Guidelines must be adopted**

|  |  |
| --- | --- |
| **Club Name** |  |
| **Venue** |  |
| **Date(s) of Event***(If reoccurring please include start date & for how long)* |  |
| **Name of Event** |  |
| **Start Time** |  |
| **Finish Time**  |  |
| **Expected number of attendees** |  |
| **Club Covid19 Supervisor Name and Contact Details** |  |
| **Overall Event Co-ordinator / Designated Club Contact**  |  |
| **List of Organising Committee Roles and Contact Details** |
| **Name**  | **Role**  | **Contact Details**  |
|  |  |  |
| **Details of Activities**  |
|  **Activity**  | **Location**  | **Start**  | **Finish**  |

|  |
| --- |
|  |
|  | **Action Required**  | **By** | **Due** | **Comments** |
| Covid-19 risk assessments completed, and all current public health advises adherence in place |  |  |  |  |
| Pre-Event Maintenance identified and completed |  |  |  |  |
| Access / Arrangements in place for accommodation of persons with Mobility issues or other special needs  |  |  |  |  |
| Life Systems in place and operational (tested) Fire/ Alarm/ Defibrillator/ Emergency Lighting/ CCTV / PA etc.as applicable |  |  |  |  |
| Fire safety Arrangements in place Muster Point identified at club property |  |  |  |  |
| Communication Plan for Emergency Arrangements in place |  |  |  |  |
| Eircode/Postcode of club property recorded and displayed or readily available if Emergency Services required to attend club |  |  |  |  |
| Covid19 self-isolation room in place |  |  |  |  |
| First Aid in place and location communicated to all participants  |  |  |  |  |
| Covid-19 awareness signage in place at club and in all bathroom facilities.  |  |  |  |  |
| Covid-19 social distancing signage in place as required  |  |  |  |  |
| GAA Return to Games Health Questionnaire must be completed by all participants in advance of commencing training and must be updated on a weekly basis to confirm no change in medical circumstances.  |  |  |  |  |
| Sufficient bathrooms facilities in place. All Bathroom facilities checked before and monitored during event |  |  |  |  |
| Parking Plan in place |  |  |  |  |
|  | **Action Required**  | **By** | **Due** | **Comments** |
| Map of club property with location of activities identified  |  |  |  |  |
| Proof of insurance obtained from any and all contractors or service providers engaged |  |  |  |  |
| Pitch Marking & Goal Post check to be completed? |  |  |  |  |
| Playing surface safe and free from hazards |  |  |  |  |
| Are goals secured and anchored and free from hazards |  |  |  |  |
| Where portable goals are used only those that meeting IS356/357 to be used |  |  |  |  |
| Water available near playing area for refilling of individual bottles. Water checked for safety |  |  |  |  |
| All games to be played in accordance with rules of the Association: |  |  |  |  |
| Social Gaelic Games are not covered by Injury Fund All participants must register and sign waiver |  |  |  |  |
| Arrangements for inclement weather or if pitch unplayable? |  |  |  |  |
| At the end of each training session \ social game, all door handles, playing equipment (e.g. balls, hurleys, sliotars etc.), the medical room and the Toilet(s) are sanitised before use by the next team or training group.  |  |  |  |  |
| Other sports equipment to be used is safe and in good repair  |  |  |  |  |
| Rubbish bins provided for player and public use and emptied regularly  |  |  |  |  |
| Cleaning System in place for event. Log to be maintained  |  |  |  |  |
| Incident / Accident reporting procedure in place and advised to all volunteers |  |  |  |  |
| Liability Insurance extension requested, and confirmation of cover received  |  |  |  |  |
| Any First Aid treatment given must be recorded on the First Aid treatment sheet in the supporting documents  |  |  |  |  |
| All Injuries or incidents are to be reported using the accident report form in the supporting documents and must be sent to Croke Park Insurance Department  |  |  |  |  |

**Extension of cover for the event will be provided based on the information and key facts provided by the club. Please read this information carefully and make sure it is correct, as misrepresentation or non-disclosure may result in cover being declared void, cancelled or result in the refusal of a claim. If you are in any doubt as to whether certain facts are important you should contact us immediately.**

**By signing below, you agree that to the best of your knowledge the information provided is true and you have not withheld any material facts that may result in insurance cover being declared void or a claim being declined.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Co-Ordinator Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designated Club Officer Position**

**(Representative of the Club Executive)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**