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|  | **BHS Event Health & Safety** **Checklist for Organisers****v1 2019** |  |

This checklist must be submitted to BHS HQ along with your completed Event Risk Assessment, before every BHS event.

To submit to BHS HQ, please email EventSafety@bhs.org.uk.

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| **Event:** |  Click here to enter Name of Event. |
| **Date of Event:** |  Click here to enter Date of Event. |
| **BHS Committee:** |  (Click here to Select Committee) |
| **Organiser:** |  Click here to enter Name of Organiser. |
|  |  |
|  | Please tick as appropriate |
| **Yes** | **No** | **N/A** |
| 1 | Event Health & Safety Policy Statement completed? | [ ]  | [ ]  |  [ ]  |
| 2 | Event Risk Assessment completed? | [ ]  | [ ]  | [ ]  |
| 3 | Event Safeguarding Plan completed? | [ ]  | [ ]  | [ ]  |
| 4 | Event Safety file completed? | [ ]  | [ ]  | [ ]  |
| 5 | Event Serious Incident Plan completed? | [ ]  | [ ]  | [ ]  |
| 6 | Have the relevant hat rules been communicated to riders? | [ ]  | [ ]  | [ ]  |
| 7 | Have the relevant body protector rules been communicated to riders? | [ ]  | [ ]  | [ ]  |
| 8 | Is the correct medical cover arranged? | [ ]  | [ ]  | [ ]  |
| If ‘Yes’Level of medical cover arranged: Emerg FA [ ]  FAW/BHS [ ]  Paramedic/Doctor [ ]  |
| 9 | Is the correct veterinary cover arranged? | [ ]  | [ ]  | [ ]  |
| If ‘Yes’Level of vet cover arranged: Vet aware they are on call [ ]  Vet on Site [ ]   |
| 10 | Veterinary referral practice booked? | [ ]  | [ ]  | [ ]  |
| 11 | Facility to transport injured horse? | [ ]  | [ ]  | [ ]  |
| 12 | Details for equine body disposal? | [ ]  | [ ]  | [ ]  |