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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](mailto: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? | |  |  |  |