



## UNT Sport Clubs Program SAFETY CHECKLIST AEROBICS ROOM A

Club \_\_\_\_\_

Date of Event: \_\_\_\_\_

- |   |       |    |
|---|-------|----|
| Was the room clean and swept when you arrived?                                      | Yes   | No |
| Were all the doors to the facility secured when you arrived?<br>(If no, list below) | Yes   | No |
| If No, which doors were unlocked?   | _____ |    |
| Were any windows broken? (List below)   | Yes   | No |
| Any lights needing replacing? (List below)  | Yes   | No |
| Was the equipment inventory complete? (List any missing items below)                | Yes   | No |
| Was the equipment in safe and working order? (If unsafe list below)                 | Yes   | No |
| Was the first aid kit accessible?   | Yes   | No |
| Was the first aid kit lacking in supplies? (If yes, list items needed below)        | Yes   | No |
| Were there any accidents? (If yes complete an accident report)                      | Yes   | No |
| Were there any incidents? (If yes, complete an incident report)                     | Yes   | No |
| Have all participants signed liability waivers?                                     | Yes   | No |

Statistics	#Men	#Women	Total

Comments/Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time of your arrival? \_\_\_\_\_ Time of your departure? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date