



UNT Sport Clubs Program SUPERVISOR CHECKLIST STOVALL HALL

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?
(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? _____

Employee Signature

Date

Supervisor's Signature

Date