**CLUB INSPECTION REPORT**

**Date of visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Club:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club Officials Present**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the club training? **YES/NO**

Approx numbers: Male.......... Female......... School age………Non-boxers………..

Set Training times? ……………………………………………………………………….…

Does the Club have:

Fully equipped gym with a boxing ring, punch bags etc **YES/NO**

Gym dimensions (approx.): …………………………….

Satisfactory training equipment **YES/NO**

Separate dressing rooms and toilets **YES/NO**

A clean gym **YES/NO**

Heating **YES/NO**

A floor of sound construction **YES/NO**

Drinking water available **YES/NO**

Showers **YES/NO**

Washing and toilet facilities **YES/NO**

First Aid kit / stretcher **YES/NO**

Fire extinguishers and/or sprinklers **YES/NO**

Fire doors Signposted, unlocked and accessible **YES/NO**

A completed Fire Risk Assessment **YES/NO**

Name of Head Coach and qualifications ………………………………… Contact number ……………………

Name of qualified First Aider …………………………..……………………. Contact number ….…………………

Name of Welfare Officer ……………………………………….…. Contact number………………………

Names of Coaches requiring qualification………………………………………………………………………………………………..

You will be asked to attend a Divisional meeting at ……………………….on ……………………

**COMMENTS AND RECOMMENDATIONS**:

………………………………………………………….…………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

If accepted by WAB A, the club will carry out (if needed) the above recommendations and will send it's unqualified Coaches on the next available Coaching exam.

SIGNED............................................. POSITION.............................................. Date.........................

ACCEPTED …. REJECTED ….

INSPECTION TEAM …………..........................................................Divisional Rep / R&J /Trainer

 …………..............................................................Divisional Rep / R&J /Trainer

 ………..............................................................Divisional Rep / R&J /Trainer

**YOU MUST:**

**Pay membership fees annually**

**Display the WABA Public Liability Insurance document in your gym**

**Apply for DBS documentation for Coaches**

**Adhere to the membership regulations and all WABA policies**

**Have no connection to Unlicensed Boxing, Kick Boxing, Mixed Martial Arts, Cage fighting or White collar boxing when the club is operating as a Welsh Amateur Boxing club.**