

Competition Name: \_\_\_\_\_ /20\_\_\_\_\_  
Region Date

Name(s) of Evaluator(s): \_\_\_\_\_

Pre-Start Checklist (indicate answer to items with in appropriate box) SHADED areas apply to ALL events

		Yes	No
<b>Personal Protective Equipment(PPE)</b>	1. Are competitors, judges, and onsite facilitators wearing appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid or Emergency Response</b>	2. Are adequate first aid arrangements in place?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Are competitors, judges, and onsite facilitators aware of first aid procedures?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Is everyone aware of the Evacuation Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Are escape routes well marked and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire/Explosion Hazards</b>	6. Have potential fire/explosion hazards been identified?	<input type="checkbox"/>	<input type="checkbox"/>
	7. Are fire extinguishers available?	<input type="checkbox"/>	<input type="checkbox"/>
	8. Have all flammable substances been adequately controlled and risk minimized?	<input type="checkbox"/>	<input type="checkbox"/>
	9. Are proper fire extinguishers located close to event area?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housekeeping</b>	10. Is material properly stored?	<input type="checkbox"/>	<input type="checkbox"/>
	11. Are waste containers available and being used?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Equipment</b>	12. Is machinery and equipment set out in a safe manner for use?	<input type="checkbox"/>	<input type="checkbox"/>
	13. Is machine guarding in place for all equipment? (grinders, saws)	<input type="checkbox"/>	<input type="checkbox"/>
	14. Are faceshields available at grinding and cutting equipment?	<input type="checkbox"/>	<input type="checkbox"/>
	15. Have electrical hazards been identified & controlled?	<input type="checkbox"/>	<input type="checkbox"/>
	16. Are electrical panels properly located and locked?	<input type="checkbox"/>	<input type="checkbox"/>
	17. Are all competitors aware of equipment hazards and	<input type="checkbox"/>	<input type="checkbox"/>
	18. Instructed on the safe use of the equipment	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hazardous Substances</b>	19. Have hazardous substances been identified? (e.g. fuel, cleaners, adhesives)	<input type="checkbox"/>	<input type="checkbox"/>
	20. Are Safety Data Sheets (SDS) available for hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
	21. Are hazardous substances stored safely?	<input type="checkbox"/>	<input type="checkbox"/>
	22. Are personnel in the event area aware of the safe handling procedure for the hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Manual Lifting &amp; Hoisting</b>	23. Is the proper equipment known and available for manual lifting?	<input type="checkbox"/>	<input type="checkbox"/>
	24. Are all manual handling tasks adequately controlled for competitors, judges, and onsite facilitators ?	<input type="checkbox"/>	<input type="checkbox"/>
	25. If hoisting required are safe hoisting practices being used?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Positioning</b>	26. Have all high risk work positioning tasks been identified and controlled? (i.e. Electrical equipment; power supply; overhead hazards; airborne contaminants like dust, fumes, vapours, molds, etc)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	27. Are work areas adequately laid out to accommodate the competitors?	<input type="checkbox"/>	<input type="checkbox"/>
	28. Is lighting adequate for competitors? (shadows, work area lighting)	<input type="checkbox"/>	<input type="checkbox"/>
	29. Has congestion in competition area been minimized?	<input type="checkbox"/>	<input type="checkbox"/>
	30. Are proper safety signage/barricades in place?	<input type="checkbox"/>	<input type="checkbox"/>
	31. Have appropriate precautions been taken to ensure the safety of the public?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: for each item marked NO please provide question # and comment to identify how the risk will be eliminated or minimized. Attach additional page if required.