



# Hockey Canada Risk and Safety Management Resource Manual



## Arena Safety Inspection / Checklist

**Note:** *This checklist should be completed in conjunction with the Manager of the Facility.*

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Please choose one of the following rating formats:

1. POOR                      2. GOOD                      3. EXCELLENT                      N/A (not applicable)

or

YES                      NO                      N/A (not applicable)

or

FILL IN BLANKS ACCORDINGLY

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### A. EXTERIOR/GROUNDS/BUILDING ENTRANCES

### RATING

- |   |       |
|---|-------|
| 1. Exterior lighting                              | _____ |
| 2. Parking - handicapped parking available        | _____ |
| 3. Building address identified                    | _____ |
| 4. Grounds free of unusual hazards                | _____ |
| 5. Fences are structurally sound. (if applicable) | _____ |
| 6. Sidewalks, entrances are clear of snow/debris  | _____ |
| 7. All doors are in working order                 | _____ |
| 8. Fire hydrants are accessible                   | _____ |
| 9. Downspouts do not discharge on sidewalks       | _____ |

### B. INTERIOR/LOBBY/CONCESSION

### YES/NO

- |   |       |
|---|-------|
| 1. Concession; is one available                   | _____ |
| 2. Concession; area seating available             | _____ |
| 3. Office area                                    | _____ |
| 4. Meeting room                                   | _____ |
| 5. Inside viewing to ice area                     | _____ |
| 6. All stairways equipped with adequate handrails | _____ |
| 7. All areas are handicapped accessible           | _____ |
| 8. Fire suppression system checked every 6 months | _____ |





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12. Time clock available
13. Adequate sound system
14. Acoustics
15. Seats/benches are in good repair
16. All rows are easily accessible without climbing or unusually large steps present

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## **E. ICE MAKING EQUIPMENT**

**YES/NO**

1. Type of refrigeration available (freon/ammonia)
2. Ammonia detection is present with remote alarm outside the room
3. All doors are clearly marked

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## **F. ICE RESURFACING EQUIPMENT**

**YES/NO**

1. Type of ice re surfacing machine (pull type - self propelled)
2. Resurfacing machine fueled by:
  - Gas
  - Propane
  - Natural Gas
  - Electric
  - Diesel
  - Other-please specify
3. Is the ice resurfacing machine stored in separate room
4. All spare fuel tanks stored and locked in a secure place outside resurfacing machine garage

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## G. FIRST AID

YES/NO

1. First aid room available
2. First aid available and easily accessible at work site
3. First aid supplies are checked and replaced as required
4. Access to all emergency equipment such as fire extinguishers, emergency eye wash and showers are kept clear of obstacles
5. A public phone is available for emergency use

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## H. SUPERVISION

1. Facility is supervised at all times during use. If no, please explain

YES/NO

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## OTHER COMMENTS

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