

SENIOR SHOWING & DRESSAGE LIMITED  
JUDGES HEALTH AND SAFETY CHECK LIST

Name of Judge (Mr/Mrs/Ms/Miss): .....

Name of Show: .....Date of Show:.....

Check List:	(Please tick)	
The ring was safe and free from dangerous obstacles	Yes.....	No.....
The entrance /exit to the ring were closed when the classes were in progress	Yes.....	No.....
Did the show have a Health and Safety Officer at the Show	Yes.....	No.....
Conversed with the steward regarding procedure when judging SSAD Ltd Classes	Yes.....	No.....

I have checked the above and I am satisfied that all reasonable precautions have been taken to allow the Senior Showing and Dressage Limited classes to proceed in safety.

Any further observations: .....

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Any incidents to report which occurred at the show: .....

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Any action taken: .....

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.....

Judge's name (Please print): ..... Telephone No: .....

Signed: ..... Date: .....

**PLEASE RETURN THIS COMPETED FORM WITHIN 14 DAYS OF THE SHOW DATE**

**To: Judges, Mrs A Kirk 4,Braemar Road, Norton Canes, Cannock Staffordshire WS11 9QT**