



THE PONY CLUB ASSESSMENT OF HIRED FACILITIES

Facility _____

Contact Name _____ Position _____

Address _____ Telephone _____

_____ Fax _____

		Please tick if available Copies and/or evidence may be requested.		
1	Health and Safety Policy available (Companies with 5 or more employees only)			
	Public Liability and Employers' Liability Insurance Policy Certificate			
2	Competence certificates available			
3	Risk assessments available			
	Risk assessments carried out for period of hire			
	COSHH assessments available			
	Manual Handling assessments available			
4	Safeguarding			
	Name	DBS Disclosure Completed	Self Disclosure	
			Prepared to Sign	Signed & returned

Signed _____ Position _____

Please print name _____ Date _____
