

## YOUTH PROTECTION PROGRAM FACILITY RISK ASSESSMENT

Program directors/coordinators shall review the appropriate items below to identify hazards, improvements, and corrections.

Name of Program: \_\_\_\_\_ Date(s) of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Facility evaluation (Section 1) should be completed by ALL program leaders. Note: Some programs may need to complete additional sections.

1. Facility Evaluation: Date Completed: \_\_\_\_\_
- a. Identify all slip, trip and fall hazards.
  - b. Identify electrical outlet hazards if pre-elementary age participating.
  - c. Ensure proper heating, cooling and ventilation.
  - d. Identify any low handing sharp objects/edges.
  - e. Verify cabinets are secured and locked.
  - f. Verify egress ability to get in and out of the room.
  - g. Verify bathroom facilities are available and age appropriate.
  - h. Determine emergency evacuation procedures.

2. Mentoring/Instructing Minors: Date Completed: \_\_\_\_\_
- Complete this section if your program requires one-on-one participation with a minor:
- a. Verify the room is in full view from outside.
  - b. Verify a window opening must exist and allow full view into the room when there is only one adult present and/or the door is closed.

3. Laboratories: Date Completed: \_\_\_\_\_
- Complete this section if your program requires minors to participate in labs:
- a. Contact Environmental Health and Safety (EHS) for approval of the program.
  - b. Verify all Material Safety Data Sheet (MSDS).
  - c. Verify all chemicals that are not in use are secured and locked in appropriate cabinets.
  - d. Verify if rooms need to be de-contaminated after completion of the program.
  - e. Insure appropriate Personal Protective Equipment (PPE) has been provided.

4. Athletics: Date Completed: \_\_\_\_\_
- a. All equipment is in good working order and age appropriate.

List hazards found and date of repairs, if applicable. Attach additional pages, if needed.

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| Hazard: | Date Completed: |
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 Youth Program Director/Coordinator Signature: