This form is to be compled for every practice or game and forwarded to the Safety Officer

Pottstown Little League

Pre-Game / Pre-Practice Safety Checklist

	Practice	**Team Name:**
	Game	**League/Division**
Field		**Date:**
(If this is a game day, please complete the score)		
Home:		**Visitors:**

For games, items in bold need to be checked by the home team only.

x	Check List Item	Comments / Observations / Action Taken
	Player Stretching / Warm Up	
	Ask players if there are any injuries / pain	(Y) (N) If yes, explain incomments section below.
	Inspect Players' Gloves, Shoes, Uniforms	
	First Aid Kit & Telephone Communications	(List TC)
	Designate an adult for foul balls	Name:
	Designate a Safety Parent (optional)	Name:
	Inspect Outfield, Benches, & Bleachers	
	Inspect Infield, Fences, Grounds	
	Inspect Equipment	
	Re-Lock Equipment Box	
	Two Minute "Time Out Talk"	
	Line up for the Little League Pledge	
	REMEMBER THE COLLECTION	

(Use the space below for additional comments or suggestions)

Comments:

(Please remember to complete page 2 of this report)

(complete at the end of the practice / game)

x	Check List Item	Comments / Observations / Action Taken
	Shake hands with opposing team	
	Ask players if there are any injuries / pain	(Y) (N) If yes, explain in comments section below.
	Encourage Safety Suggestions	List in comments section below.
	Announce next practice/game date & time	
	Return equipment to Equipment Box	
	Lock Equipment Box	
	Police the area for garbage and dispose	
	Be sure all players have gone home safely	
	REMEMBER HIGHLIGHTS FOR NEWSPAPER / WEBSITE	

Any incident to report today? (Y) (N) If yes, have you completed an incident report? (Y) (N)

(Use the space below for additional comments or suggestions)

Comments: