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New _____
Update _____

Safety Assessment for Boxing Ontario Registered Clubs

Club Name _____

Address _____

Club Contact _____

Name

Position

All Sports utilizing facility

Boxing _____ Boxing & Fitness _____ Boxing & MMA _____ Boxing & Other _____
Description

Club Shows to be held in Facility Yes _____ No _____

of Level 1 coaches _____ Level 2 _____ Level 3 _____

of level 1 officials _____ Level 2 _____ Level 3 _____

Coaches (registered with Boxing Ontario and NCCP Certified minimum Level 1)

Required for all training and sparring

Trainers /Coaches / Member trained in First Aid

Training / Sparring Ring

Non-slip ring covering

Located safe distance from walls and posts

Spit Buckets at ring side

of sparring sessions/week

– Correct equipment worn / boxers are matched accordingly with age, experience, ability, weight. / _____

Medical and emergency contact information has been collected for all boxers: _____

Non- applicable

Approved _____

Concerns _____

_____ (if applicable)

Competition Ring

16x16

18 inch apron

4 ropes padded

Rope intervals 16, 28, 40, 52

Non-slip canvas

Tie downs 2 each side

Minimum 2 sets of stairs

Located safe distance from walls and posts

Non- applicable

Approved _____

Concerns _____

Spit Buckets at ring side

Club Supplied Gloves and Headgear for Sparring

Approved CABA Gloves – 14 – 16 oz

Approved CABA Headgear

Non- applicable

Approved _____

Concerns _____

Club Supplied Gloves and Headgear for Competition

Approved CABA Gloves - 10 oz / 16 oz Exhibition

Approved CABA Headgear

Non- applicable

Approved _____

Concerns _____

Training and Fitness Equipment

Equipment checked for safety and maintenance: daily _____ weekly _____ monthly _____

Heavy bags, speed bags, double-end bags –

Secured using nuts / bolts and chains or bungee cords

Approved _____ Concerns _____

Floor Area

Floor space is clean and free of hazards

Skipping area is made of wood, hard rubber or material that has firm bounce

Approved _____ Concerns _____

First Aid & Emergency Action Plan

Stocked First Aid kit

Approved _____ Concerns _____

Fire Extinguisher

Approved _____ Concerns _____

All Emergency Exits Visible and well-lit

Approved _____ Concerns _____

Emergency Action Plan Created / accessible

Yes _____

No _____

Other

Washrooms and Change Rooms for females and males

(Required if club show to be held on site) Approved _____ Concerns _____

Boxing Ontario Registration Posted

Approved _____ Concerns _____

Issues to be addressed within 30 days

Follow-up Assessment scheduled on _____

Dated _____

Signature Club Owner / Contact _____

Signature Boxing Ontario Staff / Rep Conducting Safety Audit _____