



THE IRISH 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	
	Substances (if used i.e. petrol for generator or creosote)	

Signed _____ Position _____
 Please print name _____ Date _____
