



BOKSMART COMPREHENSIVE RUGBY SAFETY AUDIT REPORT

1. General guidelines for completing the Comprehensive BokSmart Rugby Safety Audit Reports:

The Comprehensive BokSmart Rugby Safety Audit reports are designed with the intention to measure the commitment made by both the Union and SARU to ensure that Clubs, Rugby Bodies or Schools in the Provinces are complying with the Rugby Safety regulations imposed in 2010 and 2011.

The Comprehensive Audit report should be submitted electronically or by fax to the Union BokSmart Representative, Union CEO, SARU and the BokSmart Management within one (1) working week after each completed audit. The report should indicate and reflect the following information:

- A complete record of ALL Coaches and Referees on the Club, Rugby Body or School's register indicating the following information:
 - Name and Surname
 - Contact Number
 - Position at Club, Rugby Body or School e.g. Head coach, Forwards coach, Referee, AR etc.
 - Team/Level involved at e.g. U16A, Senior Third team, High School level Referee etc.
 - Rugby Qualification e.g. IRB Level 1 coach/IRB Level 1 referee/None
 - ID Number/Date of birth
 - BokSmart Certification Code e.g. BS-15023
- A complete record of ALL registered rugby players at the Club, Rugby Body, or School indicating the following information:
 - Name and Surname
 - Date of birth/ID number
 - Age (on the 1st January of the year in question)
 - Current Team e.g. U13A
 - Playing position(s)
 - Contact Number (if available)
- A complete record of ALL match day events for the year in question held at the Club, Rugby Body or School controlling the following information:
 - Teams documented for each match day held at the Club, Rugby Body or School's home venue including the applicable team sheets
 - Documented proof of the BokSmart Certification status of the match Referee, and Coaches of both sides' on record and checked for each match played at the Club, Rugby Body or School's home venue; where AR's were used, their Certification Codes should also be on record and controlled
- A completed Emergency Action Plan on Record for *both* Home Matches and Practices during the week
- Pre-participation screening documentation on record for all Club, Rugby Body or School's players
- A complete record of all First Aid/Medical Support Services at home match day events
- Records should be kept on file at the Club, Rugby Body or School and be provided for the entire year to date (January – December) in which the audit takes place

Although some of the safety audit information has not yet been regulated, this provides the Auditor with an opportunity to educate the Club, Rugby Body or School on how to address their shortcomings. Alternatively, the Auditor can have one of the Union BokSmart Trainers visit the Club, Rugby Body or School after the audit and assist in addressing the identified shortcomings.

1. PARTICULARS OF THE CLUB, RUGBY BODY OR SCHOOL

NAME OF CLUB, RUGBY BODY OR SCHOOL			
PHYSICAL ADDRESS			
PROVINCE/UNION AFFILIATE		RESPONSIBLE PERSON AT CLUB RUGBY BODY OR SCHOOL	
CONTACT NUMBER		SIGNATURE (REPRESENTATIVE)	

2. PARTICULARS OF THE CLUB, RUGBY BODY OR SCHOOL'S COACHING AND REFEREEING STAFF

No.					
<i>Coach/Referee or Coach & Referee</i>					
<i>Name and Surname</i>					
<i>Contact Number</i>					
<i>Position at Club, Rugby Body or School</i>					
<i>Coaching/Refereeing Qualification</i>					
<i>ID number/ Date of Birth</i>					
<i>BokSmart Certification Number (BS-)</i>					
<i>Certification Expiry date</i>					
<i>Team/Division</i>					

No.					
<i>Coach/Referee or Coach & Referee</i>					
<i>Name and Surname</i>					
<i>Contact Number</i>					
<i>Position at Club, Rugby Body or School</i>					
<i>Coaching/Refereeing Qualification</i>					
<i>ID number/ Date of Birth</i>					
<i>BokSmart Certification Number (BS-)</i>					
<i>Certification Expiry date</i>					
<i>Team/Division</i>					

No.					
<i>Coach/Referee or Coach & Referee</i>					
<i>Name and Surname</i>					
<i>Contact Number</i>					
<i>Position at Club, Rugby Body or School</i>					
<i>Coaching/Refereeing Qualification</i>					
<i>ID number/ Date of Birth</i>					
<i>BokSmart Certification Number (BS-)</i>					
<i>Certification Expiry date</i>					
<i>Team/Division</i>					

3. PARTICULARS OF THE CLUB, RUGBY BODY OR SCHOOL'S RUGBY PLAYERS

No.					
Name and Surname					
ID number/ Date of Birth					
Age (on 1 st January of this year)					
Contact Number					
Playing position					
Current Team					
Parent/legal guardian (where applicable)					
Contact Number for parents/legal guardian (where applicable)					

No.					
Name and Surname					
ID number/ Date of Birth					
Age (on 1 st January of this year)					
Contact Number					
Playing position					
Current Team					
Parent/legal guardian (where applicable)					
Contact Number for parents/legal guardian (where applicable)					

No.					
Name and Surname					
ID number/ Date of Birth					
Age (on 1 st January of this year)					
Contact Number					
Playing position					
Current Team					
Parent/legal guardian (where applicable)					
Contact Number for parents/legal guardian (where applicable)					

4. MATCH REPORT FORMAT FOR MATCH DAY CONTROLS

Competition/Age grade: _____

Field: _____

Date: _____

Match Referee: _____

BokSmart Code Referee (BS-number): →

BS- _____

BokSmart Codes Home Team Coach: _____

BS- _____ AR1: _____

BS- _____

(BS-numbers): Visiting Team Coach: _____

BS- _____ AR2: _____

BS- _____

Result: Home team _____

Halftime score: _____ Fulltime score: _____ Tries: _____

Visiting team _____

Halftime score: _____ Fulltime score: _____ Tries: _____

First Aider or BokSmart Rugby Medic Present & Visible

Y / N

Emergency Spinal Immobilisation Equipment (Spinal Board, Neck Collar, Spider Harness, Head Blocks) Present & Visible

Y / N

Emergency Action Plan

Y / N

Nr	NAME & SURNAME	SCORERS				JUDICIARY	
		Tries	Conv	Penalty	Drops	Sin Bin	Order Off
15							
14							
13							
12							
11							
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							
Penalty Tries							

RESERVES

16							
17							
18							
19							
20							
21							
22							

REPLACEMENTS (Tactical):

No	Substitute	For	No	Replaced Player	Time
		For			
		For			
		For			
		For			
		For			
		For			
		For			
		For			

REPLACEMENT (Blood Bin):

		For			
		For			
		For			

Manager: _____

Date: _____



5. TEAM SHEET FORMAT FOR MATCH DAY CONTROLS

TEAM SHEET

(This team sheet must be completed by the Team Manager and handed to the Officiating Referee at least 1 hour (sixty minutes) before the start (kick-off time) of the match concerned – Coach 1 (Head coach) and Coach 2 (Assistant Coach) are for the same team; both teams have to submit team sheets!)

COMPETITION/AGE GRADE: _____

TEAM: _____ **OPPOSING TEAM:** _____

TEAM COACH 1 (name): _____ **TEAM COACH 2 (name):** _____

BokSmart (BS) No. COACH 1: BS- _____ **BokSmart (BS) No. COACH 2:** BS- _____

MATCH REFEREE (name): _____ **BokSmart (BS) No. Referee:** BS- _____

Assistant Referee 1 (where appl.): BS- _____ **Assistant Referee 2 (where appl.):** BS- _____

VENUE: _____

DAY: _____ **TIME:** _____ **DATE:** _____

TEAM LIST

Surname Initials Name Player Reg # DOB (& Age)
DOB = Date of Birth

15	Full back					/ / ()
14	Right wing					/ / ()
13	Right centre					/ / ()
12	Left centre					/ / ()
11	Left wing					/ / ()
10	Fly half					/ / ()
9	Scrum half					/ / ()
8	Number eight					/ / ()
7	Right flanker					/ / ()
6	Left flanker					/ / ()
5	Right lock					/ / ()
4	Left lock					/ / ()
3	Tight head prop					/ / ()
2	Hooker					/ / ()
1	Loose head prop					/ / ()

Replacements

16	Hooker					/ / ()
17	Prop					/ / ()
18	Prop					/ / ()
19	Utility Forward					/ / ()
20	Scrum half					/ / ()
21	Utility Back/Forward					/ / ()
22	Utility back					/ / ()

I hereby certify that the above information is correct:

Team Manager: _____

Please Print

Mobile Number _____

Date: _____ **Signed** _____

6. MATCH DAY CONTROL SCHEDULE FOR HOME VENUE

VENUE:

TIME:	DATE:

MATCH NUMBER: _____

Field: _____	Competition/ Age Grade: _____
HOME TEAM: _____	VS OPPOSING TEAM: _____
Match Referee: _____	BokSmart Code Referee (BS-number): → BS-_____
BokSmart Codes (BS-numbers):	Home Team Coach: _____ BS-_____ AR1: _____ BS-_____
	Visiting Team Coach: _____ BS-_____ AR2: _____ BS-_____

• Note: Only control for Assistant Referees (AR) when they are available, and applicable!

<i>First Aider or BokSmart Rugby Medic Present & Visible</i>	Y / N	<i>Emergency Spinal Immobilisation Equipment (Spinal Board, Neck Collar, Spider Harness, Head Blocks) Present & Visible</i>	Y / N	<i>Emergency Action Plan</i>	Y / N
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Assistant Coach (home team):	Assistant Coach (opposing team):	
BokSmart (BS) No. BS-	BokSmart (BS) No. BS-	
Entered the field of play during the match (for documenting after the match):	Home team coach	Y or N
	Visiting team coach	Y or N
	Assistant Coach Home team	Y or N
	Assistant Coach Visiting team	Y or N
	Other Non-Medical personnel (Specify reason):	

7.ADDITIONAL SAFETY CONTROLS

Does the Club, Rugby Body or School have a usable Emergency Action Plan available, accessible and visible for MATCHES played at their HOME venue?	Y / N
<u>Comments/suggestions:</u>	
Does the Club, Rugby Body or School have a usable Emergency Action Plan available, accessible and visible for PRACTICES at their HOME venue?	Y / N
<u>Comments/suggestions:</u>	
Does the Club, Rugby Body or School have sufficient record of performing Pre-participation screening on their players Pre-season or any newly joining players?	Y / N
<u>Comments/suggestions:</u>	
Does the Club, Rugby Body or School keep sufficient records of First Aid/Medical Support services at matches played at their HOME venue?	Y / N
<u>Comments/suggestions:</u>	

8. UNION AND AUDITING REPRESENTATIVE DETAILS AND RECOMMENDATIONS

UNION			
PHYSICAL ADDRESS			
RECOMMENDATIONS FOLLOWING RUGBY SAFETY AUDIT FOR IMPROVEMENT OF CURRENT STATUS	Safety Audit Rating: 4 Star – <u>Excellent</u>; 3 Star – <u>Very good</u>; 2 Star – <u>Average</u>; 1 Star – <u>Poor</u>; 0 Star – <u>FAIL</u> <i>Excellent = All criteria have been met and documented, including First Aid, equipment and Emergency Action Plan; Very good = All BokSmart certification match controls for coaches/referees are in place including all the club/schools coaches being BokSmart certified, with First Aid and Equipment on-site; Average = All BokSmart certification match controls for coaches/referees are in place, with most of the club/schools coaches/referees BokSmart Certified; Poor = Some match controls in place, some club/school coaches/referees BokSmart certified; FAIL = Few if any controls in place, little to no BokSmart Certified coaches/referees</i> Rating: ____ Star		
	<u>Comments/Recommendations:</u>		
CONTRAVENTIONS OF THE RUGBY SAFETY REGULATIONS			
RECOMMENDATION FOR IMPLEMENTATION OF SANCTIONS (WHERE APPLICABLE)			
AUDITOR		SIGNATURE (AUDITOR)	
BOKSMART REPRESENTATIVE		SIGNATURE (REPRESENTATIVE)	
UNION CEO		SIGNATURE (CEO)	
DATE OF AUDIT REPORT SUBMITTED		DATE OF AUDIT REPORT REVIEWED	