

**SECTION 4: COMPREHENSIVE AUDIT (CA) TABULAR SUMMARY REPORTS**

*(Circle the appropriate ANSWER)*

<b>Comprehensive Audit number 1:</b>	<b>FEEDBACK AND COMMENTS FROM AUDIT PERFORMED</b>	
<b>Provincial Rugby Union Affiliate</b>		
<b>Rugby Safety Auditor</b>		
<b>Club/School Audited</b>		
<b>Date Audit performed</b>		
<b>Venue</b>		
<b>Safety Audit Rating:</b> 4 Star – Excellent; 3 Star – Very good; 2 Star – Average; 1 Star – Poor; 0 Star – FAIL		4 – 3 – 2 – 1 – 0
<b>Comprehensive Audit Report</b>		
Confirmation of Receipt: SARU Regulations pertaining to the BokSmart Rugby Safety Programme at all levels of rugby	Y – N	<u>Comments:</u>
Confirmation of Receipt: SARU Regulations for Under-aged Rugby: <b>Adult Rugby</b>	Y – N – N/A	<u>Comments:</u>
Confirmation of Receipt: SARU Regulations for Under-aged Rugby: <b>School Rugby Age-banding</b>	Y – N – N/A	<u>Comments:</u>
Confirmation of Receipt: SARU Regulations for Under-aged Rugby: <b>Sevens Rugby</b>	Y – N	<u>Comments:</u>
Confirmation of Receipt: SARU Concussion Regulations	Y – N	<u>Comments:</u>
Confirmation of Receipt: SARU Anti-doping Regulations	Y – N	<u>Comments:</u>
Confirmation of Receipt: SARU Field-safety Circular	Y – N	<u>Comments:</u>
Particulars of Club or School detail kept on record and available.	Y – N	<u>Comments:</u>
Full Particulars of Club or School Coaching and Refereeing Staff detail on record and available (Including BokSmart Certification Number and Certification status e.g. Active/Expired).	Y – N	<u>Comments:</u>
Particulars of Club or School Rugby Players detail on record and available (including completed Schedules A & B documentation where applicable – School Age-banding)	Y – N	<u>Comments:</u>
Control and Record-keeping of Match-Day rugby safety Controls (MDC)/minimum medical requirements detail on record and available	Y – N	<u>Comments:</u>
Control, checking and filing of Team-sheets and Match reports on record and available	Y – N	<u>Comments:</u>
Effective and BokSmart aligned Emergency Action Plans (EAP) for Match/Practice Days on record and available.	Y – N	<u>Comments:</u>
BokSmart Pre-Participation Examination/Screening (PPE) of players (including medical clearance letters where required) on record and available	Y – N	<u>Comments:</u>
Control and Record-keeping of all First Aid/Medical support services for Match Day Events on record and available.	Y – N	<u>Comments:</u>
Confirmation of Receipt: BokSmart Serious Injury Protocol (SIP).	Y – N	<u>Comments:</u>
Confirmation of Receipt: BokSmart Serious Injury Report Form	Y – N	<u>Comments:</u>
Confirmation of Receipt: BokSmart Serious Injury Follow-up Report Form	Y – N	<u>Comments:</u>
<b>Recommendations/ remedial actions:</b> (in own words)		
<b>Additional relevant information:</b> (in own words)		

*(MAKE ADDITIONAL COPIES OF THE ABOVE TABLE AS NEEDED ACCORDING TO THE NUMBER OF COMPREHENSIVE AUDITS PERFORMED)*

