



## COMPREHENSIVE RUGBY SAFETY AUDIT REPORT

### 1. General guidelines for completing the Comprehensive Audit (CA) Reports:

The BokSmart Rugby Safety Audit reports are collectively designed with the intention to measure the commitment made by the Union and SARU to ensure that Clubs, Rugby Bodies or Schools in the Provinces are complying with the Rugby Safety regulations imposed upon them. These tools are to assist both the Provincial Rugby Union and the involved School or Club to identify potential safety hazards or risks, and to jointly work together in an attempt to remove such identified hazards or risks and thereby to improve the levels of player safety.

The Comprehensive Audit (CA) report must be submitted electronically by email or by fax and must review and report on the following information:

- The complete record of ALL Coaches and Referees on the Club, Rugby Body or School's register indicating the following:
  - 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. WR Level 1 coach/WR Level 1 referee/None
  - ID Number/Date of birth
  - BokSmart Certification Code e.g. BS-15023
  - BokSmart certification status, i.e. Certified, Not Certified or Expired
- The complete record of ALL registered rugby players at the Club, Rugby Body, or School indicating the following:
  - Name and Surname
  - Date of birth/ID number
  - Age (on the 1<sup>st</sup> January of the year in question)
  - Current Team e.g. U13A
  - Playing position(s)
  - Contact Number (if available)
- The complete record of ALL Home match day events for the year in question hosted at the Club, Rugby Body or School controlling for the following:
  - Teams, both home and visiting, must be documented for each match day hosted at the Club, Rugby Body or School including the applicable standardised Team Sheets with complete player information provided as per the SARU Team Sheet requirements
  - 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 for
- A completed Emergency Action Plan (EAP) on Record for *both* Home Matches and Practices during the week
- BokSmart Pre-Participation Examination (PPE) screening documentation on record for all Club, Rugby Body or School's players
- A 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 available from January to date, of the year in which the audit takes place
- Only 1-2 samples of the above need to be provided to BokSmart management for review

The Comprehensive safety audit process provides the Auditor and Provincial Union 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**

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

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

<b>No.</b>					
<i>Coach/Referee or Coach &amp; 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>					

<b>No.</b>					
<i>Coach/Referee or Coach &amp; 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>					

<b>No.</b>					
<i>Coach/Referee or Coach &amp; 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 <sup>st</sup> 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 <sup>st</sup> 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 <sup>st</sup> 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**





**MATCH REPORT**

Competition/Age grade: \_\_\_\_\_

Field: \_\_\_\_\_

Date: \_\_\_\_\_

Match Referee: \_\_\_\_\_

BokSmart Code Referee (BS-number): → BS-\_\_\_\_\_

BokSmart Codes (BS-numbers): Home Team Coach: \_\_\_\_\_

BS-\_\_\_\_\_ AR1: \_\_\_\_\_ BS-\_\_\_\_\_

Visiting Team Coach: \_\_\_\_\_

BS-\_\_\_\_\_ AR2: \_\_\_\_\_ BS-\_\_\_\_\_

Result: Home team \_\_\_\_\_

Halftime score: \_\_\_\_\_ Fulltime score: \_\_\_\_\_ Tries: \_\_\_\_\_

Visiting team \_\_\_\_\_

Halftime score: \_\_\_\_\_ Fulltime score: \_\_\_\_\_ Tries: \_\_\_\_\_

*First Aider or 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 EAP*

Y / N

No.	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							
(23)							

**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**

## SOUTH AFRICAN RUGBY UNION - 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

	Initials & Surname	Name	Player Reg #	Suspected/Confirmed Concussion? Only note if <b>YES</b>	DOB (& Age) DOB = Date of Birth DD / MM/ YYYY (YRS)
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 (Manager to provide positions; bear in mind that there has to be at least one (1) prop and one (1) hooker on the bench, but for U19 teams and younger an additional prop on the bench is compulsory for squads of 22 players)**

16	Hooker				/ / ( )
17	Prop				/ / ( )
18					/ / ( )
19					/ / ( )
20					/ / ( )
21					/ / ( )
22					/ / ( )

**I hereby certify that the above information is correct:**

Team Manager: \_\_\_\_\_

Please Print

Mobile Number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Please Print

HPCSA Number: \_\_\_\_\_

MD-

Physiotherapist: \_\_\_\_\_

Please Print

HPCSA Number: \_\_\_\_\_

PT-

Date: \_\_\_\_\_

Signed by Team Manager: \_\_\_\_\_

## SOUTH AFRICAN RUGBY UNION - 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**

	Initials & Surname	Name	Player Reg #	Suspected/Confirmed Concussion? Only note if <b>YES</b>	DOB (& Age) DOB = Date of Birth DD / MM / YYYY (YRS)
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** (Manager to provide positions, bear in mind that there has to be two (2) props and one (1) hooker on the bench for squads of 23 players)

16	Hooker				/ / ( )
17	Prop				/ / ( )
18	Prop				/ / ( )
19					/ / ( )
20					/ / ( )
21					/ / ( )
22					/ / ( )
23					/ / ( )

**I hereby certify that the above information is correct:**

Team Manager: \_\_\_\_\_

Please Print

Mobile Number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Please Print

HPCSA Number: \_\_\_\_\_

MD-

Physiotherapist: \_\_\_\_\_

Please Print

HPCSA Number: \_\_\_\_\_

PT-

Date: \_\_\_\_\_

Signed by Team Manager: \_\_\_\_\_

**SOUTH AFRICAN RUGBY UNION - TEAM SHEET**  
**SEVENS RUGBY MATCHES**



*This team sheet must be completed by the Team Manager and handed to the Tournament Coordinator and/or 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! The Tournament Coordinator in certain instances must provide the Referee and Assistant Referee detail, Time, and opposing Team information.*

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**

	Initials & Surname	Name	Player Reg #	Suspected/Confirmed Concussion? Only note if YES	DOB (& Age) DOB = Date of Birth DD / MM / YYYY (YRS)
7	Wing (Backline)				/ / ( )
6	Centre (Backline)				/ / ( )
5	Play maker (Backline)				/ / ( )
4	Sweeper (Backline)				/ / ( )
3	Tight head prop				/ / ( )
2	Hooker				/ / ( )
1	Loose head prop				/ / ( )

*The SARU Regulations for Under-aged Rugby: Schools Rugby Age-Banding and SARU Regulations for Under-aged Rugby: Adult Rugby are also applicable to Sevens Rugby.*

*The 'Schedule B' Clearance at Schools Rugby for Front Row players, and Clauses 2, 3 and 4 of the Under-age Clearance for Adult Rugby Front Row players, do however not apply to Sevens Rugby.*

*These particular Clauses pertain to traditional 15-a-side Rugby Front Rows who compete in full pack scrum contests. The scrum contest and Front Row players in Sevens Rugby are not considered in the same light as traditional Front Row players in 15-a-side rugby.*

*Where the Schools Rugby Age-Banding regulations apply to a suitable under-aged player in Sevens Rugby, the coach must complete and submit the appropriate 'Schedule A' form to their respective Provincial Rugby Union, and this must be signed off by ALL responsible parties, before the player will be allowed to participate.*

*Where the Adult Under-aged rugby regulations apply to a suitable under-aged player in Sevens Rugby as set out in Clause 1 of the regulations, then these players have to be nominated into the process by the involved Provincial Rugby Union, and have to undergo the appropriate Clause 5 clearance process stipulated in the SARU Under-aged Rugby regulations for Adult Rugby.*

*These signed off forms and official notice of clearance MUST accompany the player at every Tournament or Match they wish to participate in, or they will be denied participation.*

8	Hooker				/ / ( )
9	Prop				/ / ( )
10	Utility (Forward/Backline)				/ / ( )
11	Centre (Backline)				/ / ( )
12	Wing (Backline)				/ / ( )

**I hereby certify that the above information is correct:**

Team Manager: \_\_\_\_\_

Please Print

Mobile Number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Please Print

HPCSA Number: \_\_\_\_\_

MD-

Physiotherapist: \_\_\_\_\_

Please Print

HPCSA Number: \_\_\_\_\_

PT-

Signed by Team Manager: \_\_\_\_\_

Date: \_\_\_\_\_

**6. MATCH DAY CONTROL SCHEDULE FOR HOME VENUE**

**VENUE:**

<span><b>TIME:</b></span> <span><b>DATE:</b></span>

**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 Rugby Medic Present &amp; Visible</i>	Y / N	<i>Emergency Spinal Immobilisation Equipment (Spinal Board, Neck Collar, Spider Harness, Head Blocks) Present &amp; Visible</i>	Y / N	<i>Emergency Action Plan EAP</i>	Y / N
<i>Field Safety Inspection</i>	Y / N	<i>Team Sheets checked and reviewed for correct player ages</i>	Y / N	<i>Crowd Control checked</i>	Y / N

<p><b>Assistant Coach (home team):</b></p> <p>BokSmart (BS) No.                      BS- _____</p>	<p><b>Assistant Coach (opposing team):</b></p> <p>BokSmart (BS) No.                      BS- _____</p>	
<p><b>Entered the field of play during the match (for documenting after the match):</b></p>	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
	<b>Other <u>Non-Medical</u> personnel (Specify reason):</b>	

**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 Rugby Medic Present &amp; Visible</i>	Y / N	<i>Emergency Spinal Immobilisation Equipment (Spinal Board, Neck Collar, Spider Harness, Head Blocks) Present &amp; Visible</i>	Y / N	<i>Emergency Action Plan EAP</i>	Y / N
<i>Field Safety Inspection</i>	Y / N	<i>Team Sheets checked and reviewed for correct player ages</i>	Y / N	<i>Crowd Control checked</i>	Y / N

<p><b>Assistant Coach (home team):</b></p> <p>BokSmart (BS) No.                      BS- _____</p>	<p><b>Assistant Coach (opposing team):</b></p> <p>BokSmart (BS) No.                      BS- _____</p>	
<p><b>Entered the field of play during the match (for documenting after the match):</b></p>	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
	<b>Other <u>Non-Medical</u> personnel (Specify reason):</b>	

## **7.ADDITIONAL SAFETY CONTROLS**



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

**8. UNION AND AUDITING REPRESENTATIVE DETAILS AND  
RECOMMENDATIONS**

UNION			
PHYSICAL ADDRESS			
RECOMMENDATIONS FOLLOWING RUGBY SAFETY AUDIT FOR IMPROVEMENT OF CURRENT STATUS	<p align="center"><b>Safety Audit Rating:</b></p> <p align="center"><b>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></b></p> <p><small><u>Excellent</u> = All criteria have been met and documented, including First Aid, equipment and Emergency Action Plan; <u>Very good</u> = 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; <u>Average</u> = All BokSmart certification match controls for coaches/referees are in place, with most of the club/schools coaches/referees BokSmart Certified; <u>Poor</u> = Some match controls in place, some club/school coaches/referees BokSmart certified; <u>FAIL</u> = Few if any controls in place, little to no BokSmart Certified coaches/referees</small></p> <p align="center">Rating: ____ Star</p>		
	<p><u>Comments/Recommendations:</u></p>		
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	