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

***(Circle the appropriate ANSWER)***

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

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

*The personal information collected in this Form is processed by SARU in accordance with the applicable* [*SARU Privacy Policy*](https://www.springboks.rugby/general/privacy-policy-updated-2021/) *available on request*