



## **INSTITUTION RISK ASSESSMENT FORM:**

All SSA registered institutions are required to fill in and return this document, thus enabling each club to be assessed. Some institutions and disciplines pose a lower risk than others and the return to operations will not be the same for each club, as each club has unique circumstances. Please note the meaning assigned to the following words:

**Vulnerable group:** Refers to any person who is at increased risk due to concurrent medical conditions (asthma, chronic lung conditions, hypertension, autoimmune disease, organ transplants, cancer, immunocompromised, obesity (BMI over 40) and liver or kidney disease conditions), persons over the age of 60 years, persons who live in extreme poverty.

**Cross contamination:** staff members who may come directly from another place of work to the venue and will not have an opportunity to wash (shower/bath and change clothes) prior to doing so.

<b>INSTITUTION DETAILS:</b>	
INSTITUTION NAME:	
PROVINCE:	
DISTRICT:	
ADDRESS OF INSTITUTION FACILITY:	
SIZE OF AQUATICS FACILITY & AMOUNT OF VENTILATION:	
AQUATICS DISCIPLINES THAT ARE TAUGHT:	
IS THE AQUATICS FACILITY A DEDICATED FACILITY FOR AQUATICS USE IN THIS PERIOD OF RELIEVED LOCKDOWN?	YES / NO
IS YOUR VENUE USED BY ANYONE ELSE OTHER THAN YOUR CLUB DURING LOCKDOWN (Level 1-4)? IF YES, PLEASE LIST WHO SHARES THE VENUE:	YES / NO

<b>STAFF DETAILS:</b>	
NUMBER OF STAFF ABOVE AGE 50:	
NUMBER OF STAFF AGE 30-50:	
NUMBER OF STAFF AGE <30:	
NUMBER OF STAFF WHO USE PUBLIC TRANSPORT:	
NUMBER OF STAFF WHO CROSS BORDERS:	
NUMBER OF STAFF WHO FALL INTO THE VULNERABLE GROUP:	
NUMBER OF STAFF WHO ARE AT RISK OF CROSS CONTAMINATION:	

<b>MEMBERS DETAILS:</b>	
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NUMBER OF MEMBERS ABOVE AGE 50:	
NUMBER OF MEMBERS AGE 30-50:	
NUMBER OF MEMBERS AGE <30:	
NUMBER OF MEMBERS WHO USE PUBLIC TRANSPORT:	
NUMBER OF MEMBERS WHO CROSS BORDERS:	

<b>COMPLIANCE OFFICER DETAILS:</b>	
NAME OF COMPLIANCE OFFICER WHO WILL BE RESPONSIBLE FOR COVID-19 POLICY IMPLEMENTATION:	
COMPLIANCE OFFICER MOBILE NUMBER:	
COMPLIANCE OFFICER EMAIL:	

<b>SUMMARY OF INSTITUTION COVID-19 PLAN FOR IMPLEMENTATION OF ECONOMIC ACTIVITY DURING RELAXED LOCKDOWN PERIOD:</b>	
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TERMS AND CONDITIONS:

1. The Compliance Officer agrees to being added to a SSA COVID-19 WhatsApp group and communication platform to receive communication
2. The Compliance Officer and Institutions owner/representative agrees to abide by and implement the protocols and rules found in the SSA COVID-19 policy as well as the National Guidelines as well as any other policies that may be updated during the state of national disaster
3. The Institutions owner / representative declares all information submitted is accurate and a true reflection of the institution
4. The Compliance Officer and Institutions owner/representative agrees to abide by all staff education requirements that may be communicated

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(Signature)

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(Signature)

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FULL NAME OF INSTITUTION OWNER / REPRESENTATIVE

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FULL NAME OF COMPLIANCE OFFICER

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ID NO OF INSTITUTION OWNER / REPRESENTATIVE

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ID NO OF COMPLIANCE OFFICER

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**FOR OFFICE USE ONLY:**

ASSESSED BY:	
RISK SCORE:	
RISK CATEGORY:	
CERTIFICATE ISSUED:	
DATE OF ISSUE:	
ANY OTHER RELEVANT NOTES:	