



GROUND MANAGER START OF DAY CHECKLIST

GROUNDS / FACILITIES			
IS THE PLAYING SURFACE FREE OF DEBRIS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HAVE WEATHER CONDITIONS MADE THE SURFACE UNSAFE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IS THE SURFACE IN GOOD CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ARE SPRINKLERS COVERED CORRECTLY AND SAFE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ARE FIELD MARKINGS CLEAR AND ADEQUATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
GOAL POST PADS IN PLACE AND IN GOOD CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
PLAYING AREA CORRECTLY AND SAFELY ROPED OFF	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
BENCH SEATING IN PLACE AND IN GOOD CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
OFFICIALS AND TIMEKEEPERS TABLE IN PLACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EQUIPMENT IN PLACE FOR OFFICIALS <ul style="list-style-type: none"> - BELL / HOOTER - RULES DOCUMENTS - THREE WORKING CLOCKS - GROUND MANAGER VESTS 	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DO YOU HAVE KEYS TO ACCESS AMBULANCE / EMERGENCY ENTRANCE POINTS TO THE GROUND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
SUPPLY OF ICE IS AVAILABLE AT OFFICIALS TABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
FIRST AID KIT FULLY STOCKED AND AVAILABLE AT OFFICIALS TABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CHANGE ROOMS ARE OPEN AND ARE IN A CLEAN AND SAFE CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ALL PUBLIC TOILETS ARE OPEN AND ARE IN A CLEAN AND SAFE CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
LIGHTING CONDITIONS ARE ADEQUATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IS ALL EQUIPMENT SAFE AND IN GOOD CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A



GROUND MANAGER PRE-GAME CHECKLIST

GAME READY			
DO YOU HAVE A FULL SCHEDULE OF GAMES TO BE PLAYED AT THE VENUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
GROUND MANAGERS FOLDER / ONE PAGE RULES DOCUMENT AVAILABLE AT OFFICIALS TABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ARE COPIES OF RULES / LAWS AVAILABLE IF REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
FAMILIAR WITH ALL THE RULES / LAWS AS THEY APPLY TO THE GAME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
INTRODUCED YOURSELF TO VISITING TEAMS, REFEREES AND TOUCH JUDGES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
OUTLINED ANY LOCAL VENUE RULES TO ABOVE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CHECK PLAYER AND TEAM STAFF ID (15 MINS PRIOR TO KICK OFF)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
MINIMUM SPORTS TRAINER REQUIREMENTS MET (SEE BELOW) IF NO – GAME CANNOT COMMENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ENSURE ALL PLAYERS AND TEAM STAFF HAVE SIGNED THE SIGN ONSHEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
GAME STARTS ON TIME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Age	Minimum Personnel Required for Contact Rugby League	Minimum Personnel Required for League Tag	Minimum Accreditation Required
U6-7	One (1) x First Responder for up to four (4) matches being played on an International Field.	One (1) x First Responder for up to four (4) matches being played on an International Field.	<ul style="list-style-type: none"> • League First Aid; or • NRL Level 1 Sports Trainer; or • NRL Level 2 Sports Trainer
U8-9	One (1) x First Responder for up to three (3) matches being played on an International Field.	One (1) x First Responder for up to three (3) matches being played on an International Field.	
U10-12	One (1) x First Responder per match	One (1) x First Responder per match	
U13-15	One (1) x First Responder per team for each match.		
U16+	One (1) x First Responder per team for each match.	One (1) x First Responder per team for each match.	<ul style="list-style-type: none"> • NRL Level 1 Sports Trainer; or • NRL Level 2 Sports Trainer.



GROUND MANAGER POST-GAME CHECKLIST

AFTER A GAME			
SIGN ON SHEET HAS BEEN COMPLETED CORRECTLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
MATCH OFFICIALS HAVE SIGNED THE SIGN ON SHEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ANY PLAYER THAT WAS REPLACED DUE TO A SUSPECTED HEAD INJURY IS MARKED ON THE SHEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ANY PLAYER SIN BINNED / SENT OFF HAS BEEN CORRECTLY MARKED ON THE SIGN ON SHEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ANY PLAYER THAT DID NOT TAKE THE FIELD IS CROSSED OFF THE SIGN ON SHEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
GROUND MANAGER SIGNS SIGN ON SHEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ANY INCIDENT REPORT FORMS ARE COMPLETED AND ATTACHED TO THE SIGN ON SHEET FOR SUBMISSION TO LEAGUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
RESET CLOCKS FOR NEXT MATCH	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ALL BENCHES AND OFFICIALS TABLE LEFT CLEAN FOR NEXT TEAMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A



SPORTS TRAINER CHECKLIST

PRE-GAME CHECKLIST			
IS YOUR SPORTS TRAINER ACCREDITATION CURRENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IS YOUR SPORTS TRAINER ACCREDITATION RELEVANT TO THE AGE GROUP OF THE TEAM	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ARE YOU FAMILIAR WITH THE NRL ONFIELD POLICY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HAVE YOU MET WITH THE GROUND MANAGER TO DISCUSS YOUR ROLES AND RESPONSIBILITIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DO YOU HAVE A PHONE AVAILABLE TO CONTACT EMERGENCY SERVICES IF REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DO YOU KNOW THE LOCATION OF THE NEAREST HOSPITAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DO YOU HAVE A FULLY STOCKED FIRST AID KID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DO YOU HAVE ACCESS TO ICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
IS THERE A DEFIBRILLATOR AT THE VENUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

POST-GAME CHECKLIST			
COMPLETE MEDICAL ADVICE / CONCUSSION FORMS AS REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HAVE APPROPRIATE FORMS BEEN ISSUED TO PLAYERS / PARENTS /CARERS AS REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HAVE YOU LEFT THE PLAYERS BENCH IN A CLEAN AND SAFE CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HAVE YOU LEFT ANY DRESSING ROOMS USED IN A CLEAN AND SAFE CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A



GROUND MANAGER

DISRUPTIVE SPECTATOR CHECKLIST

TOOLS TO ASSIST WHEN APPROACHING A DISRUPTIVE SPECTATOR

- » AVOID BECOMING EMOTIONALLY INVOLVED
- » ACKNOWLEDGE THE PERSONS ANGER UP FRONT
- » LISTEN TO WHAT THE PERSON HAS TO SAY AND ASK QUESTIONS
- » GIVE THEM SPACE
- » REMAIN CALM AND CONFIDENT – DO NOT RAISE YOUR VOICE OR TALK OVER THE PERSON
- » REMAIN AWARE OF THE TONE OF YOUR VOICE AND THE TYPE OF LANGUAGE YOU USE
- » USE NON-AGGRESSIVE BODY LANGUAGE AND FACIAL EXPRESSIONS – NO FINGER POINTING / STANDING WITH YOUR HANDS ON YOUR HIPS
- » PATIENCE IS PARAMOUNT
- » SUMMARIZE THE SITUATION AS YOU SEE IT
- » PROVIDE REALISTIC, ACHIEVABLE CHOICES / SOLUTIONS
- » IF CONFLICT TURNS PHYSICAL, REMOVE YOURSELF AND CALL THE POLICE IMMEDIATELY