	Raheny Utd FC Covid-19 Training Report
ESTB. 1994	
HENY UNITED	

Manager: XXXXX

TEAM: Under XXXX

RAHENY UNIT	ENY UNITED Attendance Record								
	シー	Date	Date	Date	Date	Date	Date	Date	Date
		XXnd Jun	XXth Jul	XXth Jul	XXth Jul	XXth Jul			
Players									
Surname	First Name								
1		٧							
3		٧							
2 3 4									
5		٧							
6									
7		٧							
8									
9		√							
#									
#		٧							
#									
#		٧							
#									
#		٧							
#									
#									
#		٧							
#									
#									
#									
#		V							
#		√							
#		√							
#									
#									
#									
#									
# #									
# Coaches									
		-1							
Coach 1		٧							
Coach 2		٧							

TOTAL

	Date							
	XXnd Jun	XXth Jul						
T								
Training Venue								
Start Time								<u> </u>
Finish Time								<u> </u>
No. of Players								
No. of Coaches								<u> </u>
Temperature Checks*								
No. of Illnesses Detected								
No. of Injuries**								
Participants briefed on FAI Safer Return to Protocols (Circle)	Yes / No	Yes /						
• ,								
Were nos. within guidelines for								
Players/Coaches. If not provide report on measures taken.	Yes / No	Yes /						
Hand Sanitisers provided if requested (Circle)	Yes / No	Yes /						
Equipment Disinfected								
- Before (Circle)	Yes / No	Yes /						
- Afterwards (Circle)	Yes / No	Yes /						
45	- / N	y / N	V / N	y / N	y / N	y / N	y / N	· ,
15 minute interval observed (Circle)	Yes / No	Yes /						
Training area cleared of all equipment before leaving the facility (Circle)	Yes / No	Yes /						
Report made to COVID Officer (Circle and provide details in email if applicable)*	Yes / No	Yes /						
,								
COVID Officer's Initials								

Notes

^{*} Required only on an exceptional basis

^{**} Requiring retirement from training session