

NERVA Tournament Audit Form

Site and Tournament Director Evaluation Sheet

Location: _____ Date _____

Number of courts being used: _____ Number of courts available: _____

Tournament Level _____ Time limitation of the facility: _____

Site Audit: Answer the questions below and elaborate when necessary. Also take photos of site

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility suitable for volleyball practice and tournament play? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the floor surfaces free of defects or trip and fall hazards?
Type of floor: <input type="checkbox"/> Wood <input type="checkbox"/> Synthetic/rubber <input type="checkbox"/> Sportcourt <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any water leaks from the ceiling? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the TD prepared to handle water/spillage on a court |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there low hanging lights, air units, plumbing, and basketball backboards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there court dividers? If Yes, Distance from Court _____
Type of divider <input type="checkbox"/> rolldown <input type="checkbox"/> netting If netting is it pooled on floor _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the dividers compliant with safety standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there adequate spectator seating? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the bleacher seats in good repair and safe? |
| <input type="checkbox"/> | <input type="checkbox"/> | Men's and women's restrooms in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Men's and women's locker rooms in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Teams have limited access to balance of school or facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Teams have limited access to wrestling mats and gymnastics equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the volleyball standards safe in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the standards padded and safe? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there antennas on the nets and are they in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there regulation space around the courts? 6' 6" USAV standard
If not regulation estimate and describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there and hazards within regulation playable areas? |

NERVA Tournament Audit Form

Site and Tournament Director Evaluation Sheet

- Are there team benches?
- Are the benches in good repair?
- Are the benches in playable area?
- Is there a school official or facility representative on premises?
- Are exits marked and doors unlocked? (no chains securing double doors)
- Is there an emergency response plan at facility for evacuation & medical emergencies?
- Is there a responsible party for removing unruly spectators?
- Is there adequate parking for players and spectators?
- Are there contrasting court lines and are all the regulation lines there?
- Are there trash receptacles available to spectators and players?
- Are there concessions for players and spectators?

Comments or Issues on Site:

Tournament Director (name) _____

- | Yes | No | Is the TD: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | available to coaches? |
| <input type="checkbox"/> | <input type="checkbox"/> | monitoring the site and tournament? |
| <input type="checkbox"/> | <input type="checkbox"/> | keeping matches going? |
| <input type="checkbox"/> | <input type="checkbox"/> | making sure work coach is monitoring their team? |
| <input type="checkbox"/> | <input type="checkbox"/> | making sure spectators are following gym rules ? |
| <input type="checkbox"/> | <input type="checkbox"/> | keeping scorekeeping tables clean? |

NERVA Tournament Audit Form

Site and Tournament Director Evaluation Sheet

- monitoring team and crowd behavior?
- posting the results where coaches/players/spectators can view?
- collecting complete webpoint rosters from all teams?
- Did the TD review all rosters for coach compliance (auditor to verify)?
- Does the TD have incident forms?
- Does the TD understand how to report an incident?
- Does the TD have a medical kit available?
- Does the TD have a rule book?
- Does the TD have knowledge of rules?
- Does the TD have knowledge of the Playoff Structure?
- Does the TD understand they are to retain all paperwork?
- Are the coaches wearing their coaching badges?
- Do the coaches have the player's medical forms for their team?
- Are there cell phones at the scorer's table?

AUDITOR COMMENTS ON SITE AND TD:

COMMENTS ON WORKTEAM ISSUES OR PROBLEMS:

NERVA Tournament Audit Form

Site and Tournament Director Evaluation Sheet

Coach/Team Evaluation

Location: _____ Tournament Level _____ Date _____

Coach (name) _____ team name _____

Number of players on Roster: _____ Number of players on team: _____

Coach/Staff Behavior: Acceptable Unacceptable

Comments: _____

Knowledge of rules _____

Work assignments:

Monitors team: yes no _____

At scorekeeping table yes no _____

Lines Judges knowledge/attention: _____

R1/R2 knowledge/attention: _____

Coach (name) _____ team name _____

Number of players on Roster: _____ Number of players on team: _____

Coach/Staff Behavior: Acceptable Unacceptable

Knowledge of rules _____

Work assignments:

Monitors team: yes no _____

At scorekeeping table yes no _____

Lines Judges knowledge/attention: _____

R1/R2 knowledge/attention: _____

NERVA Tournament Audit Form

Site and Tournament Director Evaluation Sheet

Coach/Team Evaluation Sheet

Coach (name) _____ team name _____

Number of players on Roster: _____ Number of players on team: _____

Coach/Staff Behavior: Acceptable Unacceptable

Comments: _____

Knowledge of rules _____

Work assignments:

Monitors team: yes no _____

At scorekeeping table yes no _____

Lines Judges knowledge/attention: _____

R1/R2 knowledge/attention: _____

Coach/Team Evaluation Sheet

Coach (name) _____ team name _____

Number of players on Roster: _____ Number of players on team: _____

Coach/Staff Behavior: Acceptable Unacceptable

Comments: _____

Knowledge of rules _____

Work assignments:

Monitors team: yes no _____

At scorekeeping table yes no _____

Lines Judges knowledge/attention: _____

R1/R2 knowledge/attention: _____