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| **CLUB NAME / ENW’R CLWB:** |
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| **FACILITY NAME & ADDRESS / ENW A CHYFEIRIAD Y CYFLEUSTER:** |
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| **FIRST AID PROVISION / DARPARIAETH CYMORTH CYNTAF:** |
| *Provide an overview of the first aid provision on site. Is there a first aid room, trained first aiders or do clubs need to provide their own? / Darparwch trosolwg o'r ddarpariaeth cymorth cyntaf ar y safle. A oes ystafell cymorth cyntaf, cymorthwyr cyntaf hyfforddedig neu a oes angen i glybiau ddarparu eu rhai eu hunain?* |
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| **DEFIBRILLATOR LOCATION / LLEOLIAD Y DIFFIBRILIWR:** |
| *Provide an overview of the location of the defibrillator. Where in the facility can it be accessed, does it require a key / code? / Darparwch drosolwg o leoliad y diffibriliwr. Ble yn y cyfleuster y gellir cael mynediad ato, ac a oes angen allwedd / cod?* |
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| **EMERGENCY ASSEMBLY POINTS / MANNAU YMGYNNULL BRYS:** |
| *Provide an overview of the facility assembly points in the event of an emergency. / Darparwch drosolwg o fannau ymgynnull y cyfleuster yn achos argyfwng.* |
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| **NEAREST HOSPITAL / YR YSBYTY AGOSAF:** |
| *Provide the name and address of the nearest hospital with an accident and emergency / minor injuries department. / Darparwch enw a chyfeiriad yr ysbyty agosaf sydd â adran damweiniau ac achosion brys / anafiadau mân.* |
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