

## COVID-19 INSPECTION CHECKLIST FOR BOXING GYMS

### PURPOSE

- This inspection seeks to enable BSA to establish the state of readiness of each gym to reopen.
- Each gym's information will be kept safe and confidentially and used only for the stated purpose as indicated above.
- If intention is not to open the gym soon, it can be stated below and the alternative intended date stipulated.
- After the inspection, the gym should still remain closed until feedback in writing is received from Boxing South Africa.
- All questions should please be answered honestly and truthfully depicting the situation as it is.

STATUS QUO	NEXT LEVEL	NOTALLOWED (Till further notice)
<p>No contact between boxers and/or other personnel. Examples for allowed activities — general fitness aerobic and anaerobic (e.g. running, cycling sprints, hills).</p> <p>Strength and fitness training permitted if no equipment required, or have access to own equipment (e.g. shadow boxing, skipping rope, weights).</p> <p>Online coaching and resources (e.g. videos, play books) but no boxer and trainer are under allowed under one roof.</p>	<p>Going to the gym in manageable small groups that allow for proper maintaining of social distance while training. (1.5m between people)</p> <p>Some sharing of training equipment permitted provided that it shall be constantly disinfected/ cleaned before each user touch it. Eg, Punching bags. Speed ball, weights, etc</p> <p>Non-contact skills training. No Sparring, No focus mitts, No congested group training,</p> <p>Hand hygiene (hand sanitisers) on entry and exit to venues, as well as pre, post and during training. Thorough full body shower with soap before and after training (Strictly at home).</p> <p>No socialising or group meals. Strictly 'ARRIVE, GYM, GO!'</p>	<p>Until further direction is received from the Minister of Sport, Arts and Culture, the following activities are not allowed at all:</p> <ul style="list-style-type: none"> <li>Contact training (Eg, Sparring, Touching)</li> <li>Competition / Boxing tournaments</li> </ul>

### 1. The Gym's Plan to resume training

a) Does the gym wish to resume training under Level 3?	Yes	No		
b) Does the gym wish to wait until tournaments are allowed?	Yes	No		
c) On which date (Subject to approval) does the gym wish to open?				
d) Where is the Gym situated?	Province		Region	

**2. Details of the Gym Owner / Person in charge of the Gym**

<b>First Name</b>		<b>Surname</b>	
<b>ID Number</b>			
<b>Contact Details</b>	<b>Tel:</b>		<b>Cel:</b>
<b>Email</b>			
<b>BSA License</b>	<b>Are you BSA licensee?</b>	<b>Yes</b>	<b>No</b>
	<b>License category? (E.g, Manager/ Trainer? )</b>		

**3. Details of the Gym itself**

<b>Name of the Gym</b>			
<b>Physical Address of Gym</b>			
	<b>Town/ City</b>		<b>Code</b>
	<b>Province</b>		
<b>Operating Times</b>	<b>Which days of the week will the gym be operating?</b>		
	<b>Which hours of the day will the gym be open?</b>		
<b>Size of the Gym</b>	<b>How big is the floor space of the gym in Square Meters?</b>		
<b>Users of the Gym</b>	<b>How many Professional boxers use the gym?</b>		
	<b>How many amateur boxers use the gym?</b>		

**4. Description of the Gym**

<b>Which one these below, best describes your boxing gym? (Plesase tick next to the appropriate one)</b>	
<b>1) Boxing Gym inside a established general fitness franchise (Gym within Fitness Centre)</b>	
<b>2) Boxing Gym in a multi-purpose community centre/ hall/ precinct (Community Gym)</b>	
<b>3) Boxing Gym in a facility used for other purposes after boxing (Moonlight gym)</b>	
<b>4) Fitness gym with professional boxers working &amp; training there (Commercial Gym with boxers)</b>	
<b>5) Stand alone gym on its own yard in a public area zoned specifically or boxing (Boxing-specific gym)</b>	
<b>6) Stand alone boxing gym in someone's private residence (Backyard boxing gym)</b>	
<b>7) Stand alone boxing gym with onsite accommodation for boxers (Boxing academy)</b>	
<b>Any other information that can assist to best understand your gym?</b>	

**5. Details of Gym building and Gym precinct**

**5.1 Details of Gym precinct**

Which of these outside communal spaces are:	Please tick the appropriate box	Shared	Not Shared	Don't have
<ul style="list-style-type: none"> <li>• Shared by users?</li> <li>• Not shared?</li> <li>• The gym does not have?</li> </ul>	a) Yard/ Compound			
	b) Parking			
	c) Walkway (Parking to Gym)			
	d) Main entrance to building			
	e) Garden/ Park / Patio			

**5.2 Details of Gym building**

Which of these inside communal spaces are:	Please tick the appropriate box	Shared	Not Shared	Don't have
<ul style="list-style-type: none"> <li>• Shared by users?</li> <li>• Not shared?</li> <li>• The gym does not have?</li> </ul>	a) Toilets			
	b) Showers			
	c) Change Room			
	d) Steam Room			
	e) Kitchen			
	f) Reception Foyer/ Lounge			

**5.3 Details of Gym equipment**

Which of these training equipment are:	Please tick the appropriate box	Shared	Not Shared	Don't have
<ul style="list-style-type: none"> <li>• Shared by users?</li> <li>• Not shared?</li> <li>• The gym does not have?</li> </ul>	a) Skipping ropes			
	b) Hand Wraps			
	c) Boxing Gloves			
	d) Head guard			
	e) Gum shields			
	f) Groin protector			
	g) Training Mats			
	h) Punching Bag			
	i) Speed Ball			
	j) Medicine Ball			
	k) Weights			

**6. Details of Boxers who will be using the gym**

<b>Name 1</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 2</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 3</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 4</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 5</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 6</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 7</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 8</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 9</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 10</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 1 1</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>
<b>Name 1 2</b>			<b>Surname</b>			<b>Gender</b>	Male / Female
	<b>ID No</b>			<b>Cel</b>			<b>Age</b>
	<b>Boxer</b>			<b>Technical Personnel (Eg, trainer)</b>			<b>Support Staff   Eg, Admin, Cleaning, etc</b>

If more than twelve people will be using the gym, please write the additional names as per this template and attach.

## 7. Health and Hygiene Supplies

Which of these health & hygiene supplies does the gym: 1. Have ? 2. Don't have? 3. Yet to organise?	Please tick the appropriate box	1	2	3
	a) Bluetooth Thermometer			
	b) Surface disinfectants			
	c) Hand Sanitizers			
	d) Wet wipes			
	e) Face masks			
	f) Surgical gloves			
	g) First AID Kit			
	h) Refuse bin and refuse bags			

## 8. Health and Hygiene Systems

Please tick the appropriate box	Yes	No
a) Does the Gym have Compliance Officer responsible for all Covid-19 Compliance matters ?		
b) Does the Gym have a protocol manual explaining the "DOs and DONTs" during Level 3?		
c) Have all Gym users been inducted/trained on how to conduct themselves during Level 3?		
d) Is there a Register to record all people who will be using the Gym on a daily basis?		
e) Have all people who'll be using the Gym been tested/ screened for Covid-19?		

## 9. Declarations

Declarations			
I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect or fraudulent my Gym shall immediately be disqualified from operating and legal action may be taken against me.			
Name		Surname	
Signature		Date	

For Officials Use Only			
I hereby declare that I have verified the application and the information (including supporting documents) provided by the Gym owner. I further declare that I understand that knowingly colluding on information that is false, incorrect or fraudulent shall lead to legal action against all parties concerned			
Name		Surname	
Designation		Organisation	
Signature		Date	

**ANNEXURE A: COVID-19 HEALTH QUESTIONNAIRE**

**10. Covid-19 Health Questionnaire**

Protocol for boxers, members of their team and staff before resumption of training

Date	/	/	20
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**10.1 Identification data**

First Name				Surname			
ID Number						Age	
Contact Details	Cel:			WhatsAPP:			
Email							
BSA License	Are you BSA licensee?			Yes		No	
	License category? (E.g, Manager/ Trainer? )						

**10.2 Health conditions: Answer if in the past 15 days you have experienced any of these ailments**

Breathing difficulty	Yes		No				
Chest pains	Yes		No				
Fever	No		Moderate		High		
Head ache	No		Moderate		Serious		
Cough	No		Moderate		Serious		

**10.3 Health conditions: Answer if in the past 15 days you have experienced any of these symptoms**

Sore throat		Muscle aches		Shaking chills		Abdominal pain	
Irritated eyes		Articulation pains		Sweating		Irritability	
Nosal congestion		Fatigue and weakness		Diarrhea, nausea, vomit		High blood pressure	

**10.3 Do you have any of the following diseases?**

Cancer		Gestational diabetes		Neorological		Pulmonary	
Heart		Liver		Hematological		Kidney	
Diabetes 1 or 2		Obesity		Immunce system		Immunosuppressive Treatment	
HIV		Other					

**10.4 Epidemiological history**

Have you had contact with any respiratory disease in the past 14 days ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does any of your family member or close acquaintance suffer from Covid-19 or is currently under self-isolation / quarantine or under surveillance as a suspected case	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has any of your family member or close acquaintance made contact with someone who suffer from Covid-19 or is currently under self-isolation / quarantine or under surveillance as a suspected case	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been screened for the Covid-19 symptoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In case you were screened when was it done?	Date:	/ /20		
Have you been tested for the detection of Covid-19?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In case you were tested when was it done?	Date:	/ /20		
In case you were tested or screened, what were the results?	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>

After reading and filling this Covid-19 sanitary questionnaire, I declare under oath that the information expressed herein is correct and truthful, and therefore, I accept that the Medical Committee may perform prior assessment of risk and contact with Covid-19.

Likewise, I give my consent for the Medical Committee to handle my personal data for the purpose indicated in the object of this questionnaire.

Declarations	
Signed on the.....day of ..... 2020 at ..... (Place)	
<b>Name</b>	<b>Surname</b>
<b>Signature</b>	

## **ANNEXURE B: COVID-19 PREVENTION RECOMMENDATIONS**

### **General Covid-19 prevention recommendations**

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Basic prevention measures against Covid-19

- 1) **Wash your hands frequently:-** Wash your hands with alcohol-based sanitizer or water and soap.
- 2) **You gym bag and all its contents must be regularly disinfected** when entering the gym before leaving it in the locker room or anywhere in the gym.
- 3) **Obey the rules of behaviour at all times** when at the gym, at home or travelling between home and gym.
- 4) **Maintain social distance:-** Keep at least 1,5 meters (four feet) away from yourself and other people
- 5) **Avoid touching surfaces in general**, especially in shared areas, door knobs, buttons, tables, chairs, shared training equipment, etc
- 6) **Avoid touching your eyes, nose and mouth:-** Your hands might be in contact with many surfaces that may be contaminated with the virus. If you touch your eyes, nose or mouth with contaminated hands, you can transfer the virus from the surface to yourself.
- 7) **Adopt respiratory hygiene measures:-** When coughing or sneezing, cover your mouth and nose with a flexed elbow or with a handkerchief and throw away the tissue immediately and wash your hands with alcohol-based sanitizer or water and soap.
- 8) **If you have fever, cough or shortness of breath, seek medical attention right away:-** If you have any symptoms or suspected infection, you should report it immediately and proceed to seek medical attention.