

Name of training hall : _____ Address : _____

City : _____ Manager _____ First Inspection: Day _____ Month _____ Year _____

FEDERATION INTERNATIONALE DE VOLLEYBALL

O-14

TRAINING HALLS INSPECTION
AND HOMOLOGATION



1 SITUATION

- a) Present condition : Ready To be renovated To be built Start Date :-----
 b) Owner : The state The city Private Completion:-----
 c) Name of Director/Manager :-----
 d) e-mail :----- Telephone :----- Fax:-----

2 DISTANCE FROM

	City centre	Teams' hotel	Officials' Hotel
a) in km :			
b) Time by bus :			

3 PLAYING AREA

	FIVB REQUIREMENTS	Currently available	Modifications required	Date of completion	FINDINGS DURING FINAL INSPECTION
a) Dimensions	34 x 19m				
b) Height free from any obstacle	7 m				
c) Floor cover	Taraflex				
d) Under flooring	wood on beam				
e) Posts, nets, antennae	Senoh				
f) Lighting	700 Lux				

4 CHANGING ROOMS

a) Number	2				
b) Lockers	12-15				
c) Benches/Chairs	12-15				
d) Massage Tables	1				
e) Showers	4-5				
f) Toilets	2-3				

5 FIRST AID ROOM

a) Furniture & equipment					
b) Ice Machine					

6 FITNESS & EXERCISING ROOM

a) Weight bars & other equip.					
b) Sauna or Swimming Pool					

RESERVED FOR FIVB INSPECTORS This Training Gym is : rejected to be modified available provisionnally reserved

Remarks : _____

DECISION AFTER FINAL INSPECTION

FIVB approved

REJECTED

Date..... by(name).....Signature.....