**Domestic Venue Risk Assessment Checklist for activities in members’ homes**

***(To be completed by group coordinators once prior to the first of a series of meetings)***

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| **Battle & District U3A** |
| **Interest Group** *(Insert)* |
| **Day and week in the month activity takes place.** |
| **Venue (s)** *(locations in which activity takes place)* |
| **Brief Description of Activity** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Yes** | **No** | **N/A** | **Comment** |
| **Is access suitable for the group attending the activity? Is anyone prevented from taking part?** |  |  |  |  |
| **Is there sufficient space for members attending?** |  |  |  |  |
| **Are there any obstructions & trip hazards that members need to be aware of?** |  |  |  |  |
| **Is there adequate seating for those attending?** |  |  |  |  |
| **Is there a list of names of attendees?** |  |  |  |  |
| **Are there adequate means of escape in an**  **emergency?** |  |  |  |  |
| **Is there a working smoke alarm?** |  |  |  |  |
| **Are refreshments provided? If so, are allergies and other dietary considerations known about?** |  |  |  |  |
| **Are members advised of any pets?** |  |  |  |  |
| **Is there a First Aid box and if so, where is it located?** |  |  |  |  |
| **Are the toilet facilities adequate & accessible?** |  |  |  |  |
| **Is equipment being brought to the venue?** |  |  |  |  |
| **Has it been checked?** |  |  |  |  |
| **Additional information/ Exceptional Circumstances:** | | | | |

**Signed:** *(Interest Group Coordinator)* **Date:**