

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)

Battle & District U3A
Interest Group <i>(Insert)</i>
Day and week in the month activity takes place.
Venue (s) <i>(locations in which activity takes place)</i>
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: <i>(Interest Group Coordinator)</i>	Date:
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