Indoor Venue Risk Assessment Checklist

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | **Is the access suitable for the group attending the activity especially anybody with limited mobility?** |  |  |  |  |
| 2 | **Is wheelchair access adequate?** |  |  |  |  |
| 3 | **Is the area free from obstructions & trip hazards?** |  |  |  |  |
| 4 | **Are there adequate means of escape in an****emergency?** |  |  |  |  |
| 5 | **Are there appropriate direction signs to aid escape?** |  |  |  |  |
| 6 | **Is there a Fire Alarm?** |  |  |  |  |
| 7 | **Is there Emergency Lighting?** |  |  |  |  |
| 8 | **Is there a designated assembly point? Where is it?** |  |  |  |   |
| 9 | **Is there an emergency procedure for the building? Copy** |  |  |  |  |
| 10 | **Is seating always laid out?** |  |  |  |  |
| **Is it a U3A responsibility before and after the****activity to lay out seating** |  |   |  |  |
| 11 | **Is there a kitchen?** |  |  |  |   |
| **Is the kitchen adequate and hygienic?** |  |  |  |  |
| **Are food safe cleaning materials available?** |  |  |  |  |
|  | **Has the kettle been visually safety checked?** |  |  |  |  |
| 12 | **Are the toilet facilities adequate & accessible?** |  |  |  |  |
| 13 | **Is equipment being brought to the venue?** |  |   |  |  |
| **Has it been checked?** |  |  |   |  |
| 14 | **Is there a First Aid box and if so where is it located?** |  |  |  |   |
| 15 | **Does it have a sound system/ induction loop?** |  |  |   |  |
| **Additional information/ Exceptional Circumstances: See also Day of Use Checklist** |

 **Signed:** *(Group coordinator* **Date:**