

Indoor Venue Risk Assessment Checklist

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: