

Venue Risk Assessment Checklist

Inte	rest Group					
Date		Location/I	Location/Postcode			
esc	cription of Activity					
la		Voc	No	NI/A	Ca	
laza	1	Yes	No	N/A	Comments	
1	Is the access suitable for the group attending the					
<u> </u>	activity especially anybody with limited mobility?					
3	Is wheelchair access adequate? 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	?				
	Do you have a 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 with an induction loop?					
16	Other (define)					
	itional information:			<u> </u>	<u> </u>	

Exceptional Circumstances

There may by reasons why additional conditions may have to be taken into consideration when completing this risk assessment.

When completing a risk assessment in exceptional circumstances you need to consider how this will impact on the activity, what additional measures or changes you will need to make for each identified hazard in order to reduce

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isks involved in running the activity. These changes will n	eed to be incorporated into the assessment of how
nazards can be reduced or avoided to respond appropriat	·
Notes for exceptional circumstances:	
Signed	Dated

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