## Venue Checklist (Day of Use)

<u> </u>			
U3A Name			
Inter	est Group		
Date		Location/Postcode	
Description of Activity			
Chec	k		Yes (✓)
1	Emergency Exits unobstructed		
2	Emergency Exits unlocked		
3	Fire Extinguishers in place		
4	Toilet facilities open, clean, paper available etc		
5	Walkways free from trip hazards		
6	Kitchen facilities accessible & clean		
7	Kettle leads in good condition, free from wear and fraying, plug securely attached		
8	Refreshment items available		
9	First Aid equipment accessible		
10	Safety Briefing given  a. Emergency exits b. Assembly point c. What to do if fire discovered d. What to do if the alarm sounds e. Accident / injury reporting f. Toilet and washing facility location		
11	Other (specify)		
12	Other (specify)		
Note	S		
Signed Dated			

Accessed 28/01/16 INSURANCES AND SAFETY