



## Venue Checklist (Day of Use)

<b>Group Name</b>	
Date	Location/Postcode
Description of Activity	

	Check	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 <ul style="list-style-type: none"> <li>a. Emergency exits</li> <li>b. Assembly point</li> <li>c. What to do if fire discovered</li> <li>d. What to do if the alarm sounds</li> <li>e. Accident / injury reporting</li> <li>f. Toilet and washing facility location</li> </ul>	
11	Other (specify)	
12	Other (specify)	
Additional Information:		

**Signed:**

**Date:**

**Issue Date: 28 December 2019**

**Based on U3A-KMS-FRM-011**