## Venue Risk Assessment Checklist

Garforth, Kippax & District U3A	
Name of location: & address:	
Date:	Location Postcode:
Description	

Haza	ard	Yes	No	N/A	Comments
1	Is the access suitable for groups	163	1.10	11/7	
	attending the activity especially				
	anybody with limited mobility?				
2	Is wheelchair access adequate?				
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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? Do you have a copy?				
10	Do you have a copy? 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?				
	Disabled toilet available?				
13	Is equipment able to be brought to the venue?				

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	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	Venue Covid-19 procedures/policy? Eg: face masks / sanitizer / ventilation / cleaning. RA from the venue: discussed or seen, paper copy if available to be logged with Venue Secretary					
Costs	& Payment:					
Addit	ional information: (eg: wi-fi; parking; oper	iiig wii	iuows	·)		
There	tional Circumstances may by reasons why additional conditions is	may hav	ve to b	e take	en into consider	ation
When how the make for These	completing a risk assessment in exceptional is will impact on the activity, what additional for each identified hazard in order to reduce changes will need to be incorporated into the dor avoided to respond appropriately to the	ıl meası e risks iı he asse	ires or nvolve ssmer	r chared in r	nges you will ned unning the activ now hazards car	ed to ity. i be
Note	s for exceptional circumstances:					
Signe	ed:			D	Pated:	
Name	e of signatory:					

Content follows format of: U3A-KMS-FRM-002 Venue Risk Assessment Checklist