

VENUE RISK ASSESSMENT CHECKLIST

U3A Name					
Location/Postcode					
Date					
U3A Interest Group					
Description of Activity					
HAZARD		Yes	No	N/A	Comments
1	Is the access suitable for the group attending the activity?				
2	Is wheelchair access adequate?				
3	Is the area free from obstructions and trip hazards?				
4	Is adequate means of escape in an emergency provided?				
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?				
11	Is food being provided/prepared?				
	Is the kitchen adequate/hygienic?				
	Are food safe cleaning materials available?				
	Visual safety check on Kettles, etc.				
12	Are toilet facilities adequate/accessible?				
13	Is equipment being brought to venue?				
	Has it been safety checked?				
14	Is there a First Aid Box or is U3A to provide?				
15	Is there a Hearing Loop? Can you locate 'System On' switch and microphone?				
16	Other (define)				
Additional Information					

Signed:

Position:

Date:

Venue Checklist (Day of Use)

U3A Name	
Interest Group	
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"> 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)	

Notes

Signed	Dated
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WALK LEADER CHECKLIST

U3A Name:		
U3A Interest Group:		
Walk Name:		
Distance:		
Terrain Type:		
Date:		
BEFORE WALK		
1	Provision of information to prospective walkers: <ul style="list-style-type: none"> a) Location b) Distance c) Timing d) Linear / Circular Route e) Terrain f) Height and climbs involved g) Level of fitness required h) Appropriate Footwear & Clothing i) Toilet / refreshment facilities en route j) What to bring - Food / Drink / Compass / Map / Mobile Phone k) Dogs permitted? l) Meeting point m) Public transport options n) Car parking facilities o) Need of walkers to bring an emergency telephone number and relevant Medical details 	Yes
ON THE DAY		
1	Check first aid kit & emergency blanket	
2	Briefing before starting out: <ul style="list-style-type: none"> a. Route b. Duration c. Terrain d. Known Hazards e. Emergency Arrangements - illness, exhaustion, accident, weather problems, terrain problems, lost contact with group f. Be prepared to advise inadequately equipped walkers not to go 	
3	Appoint a backmarker	
DURING THE WALK		
1	Stay at the front but make sure you can always see the backmarker	
2	Set an appropriate pace for the level of walk	
3	Check the route frequently	
10	Periodically count the number in the group	
11	Other(specify)	

Workshop Activity Risk Assessment Checklist

U3A Name	
Interest Group	
Date	Location/Postcode
Description of Activity	

Hazard	Yes	No	N/A	Comments
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Use of Hand Tools

1	Are tools sharp and in good condition? (e.g. no damage, splitting of handles etc)				
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Electrical Power Tools

1	Portable Appliance tested?				
2	Double insulated?				
3	Visual inspection of leads and connections made?				

Fixed Machinery (lathes etc.)

1	Are electrical connections & wiring in good condition?				
2	Is the equipment suitably earthed?				
3	Are appropriate guards fitted and in good condition?				

Personal Protective Equipment (PPE)

1	Does the activity require the following: a. Eye Protection b. Hearing Protection c. Dust Mask d. Gloves e. Safety shoes				
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Hazardous Materials

1	Are the materials used hazardous? (e.g. toxic, harmful, irritant, dusty etc. see container label)				
2	Does the material require special precautions in use? (e.g. the wearing of PPE)				

Workplace Hazards

1	Are the floors free from trip hazards & escape routes clear?				
2	Are precautions in place to prevent or respond to fire?				
3	Does the activity require special precautions? (e.g. removal of jewellery, tying back long hair)				

Signed	Dated
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