

Description of Activity Including, location, post code, event, meeting?					
Interest Group					
Name and Signature of person completing check list					
Date:				Assessment No	
Hazard		Yes	No	N/A	Comments
1	Is the access suitable for the group attending the activity especially anybody with limited mobility?				
2	Is wheelchair access adequate?				
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	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)				
Additional information:					