

# 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"> <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)	

Notes
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Signed	Dated
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