Venue Risk Assessment Checklist

U3A Name					
Inter	est Group				
Date	Loc	cation/F	ostco	de	
Desc	ription of Activity				
Desc	inputori or receive,				
		1			
Haza		Yes	No	N/A	Comments
1	Is the access suitable for the group attending the			47 25	
	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?	10			4
5	Are there appropriate direction signs to aid			14	
	escape?				
6	Is there a Fire Alarm?	-			
7	Is there Emergency Lighting?			this.	
8	Is there a designated assembly point? Where is it?				
9	Is there an emergency procedure for the building?				
10	Do you have a copy? Is seating always laid out?	-			
10	Is it a U3A responsibility before and after the				
	activity to lay out seating	340			
11	Is there a kitchen?				
тт	Is the kitchen adequate and hygienic?				
	Are food safe cleaning materials available?			8	
	Has the kettle been visually safety checked?				
12	Are the toilet facilities adequate & accessible?				
13	Is equipment being brought to the venue?				
13	Has it been checked?				
14	Is there a First Aid box and if so where is it				
	located?			W	
15	Does it have a sound system with an induction				
	loop?				
16	Other (define)				
Addi	tional information:				
1058					
-					
			1.00 mg		Datad
Sign	ed				Dated