



## **Venue Checklist (Day of Use)**

## **Category: Risk assessments**

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  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)	





have to be taken into consideration when
rcumstances you need to consider how this or changes you will need to make for each unning the activity. These changes will need is can be reduced or avoided to respond e facing.
Dated
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