

Venue Checklist (Day of Use)

Interest Group /Committee Meeting	
Date	Location/Postcode
Description of Activity :-	

Check	Tick
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/ Exceptional Circumstances

Exceptional Circumstances

In exceptional circumstances you need to consider, for each identified hazard:

- how these will impact on the activity
- what additional measures or changes you will need to make in order to reduce risks.

Signed and dated:-
