VENUE CHECKLIST (Day of Use)

u3a Name: NEWMARKET	**Date:**
Name of person completing risk assessment checklist:	
Interest Group:	
Description of Activity:	

Check	AT EVERY MEETING	Yes (tick)
1	Emergency Exits Unobstructed	
2	Emergency Exits Unlocked	
3	Fire Extinguishers in place	
4	Toilet facilities open	
5	Walkways clear of trip hazards, cables and trailing leads covered	
6	Kitchen facilities (where available) clean and equipment in good condition	
7	First Aid Equipment accessible	
8	Register of Attendees complete	
PLUS	WHEN NEW VENUE IS BEING USED OR NEW MEMBERS PRESENT	
9	Safety briefing given	
	a) Emergency exits identified (including those for disabled) b) Assembly point c) Fire Alarm d) Accident/injury reporting (Incident form) e) Toilet and washing facility location f) First Aid kit location	
Notes		
Date	Initialled	