

## VENUE RISK ASSESSMENT CHECKLIST

U3A Name:					
Location:					
Date:					
U3A Interest Group					
Description of Activity:					
HAZARD		Yes	No	N/A	COMMENTS
1	Is the access suitable for the group attending the activity?				
2	Is wheelchair access adequate?				
3	Is the area free from obstructions & trip hazards?				
4	Is adequate means of escape in an emergency provided?				
5	Are there appropriate direction signs to aid escape?				
6	Is there a Fire Alarm?				
7	Is there Emergency Lighting?				
8	Is there designated assembly point? Where is it?				
9	Is there an emergency procedure for the building? Do you have a copy?				
10	Is seating always laid out?				
	Is it a U3A responsibility to before and after the activity to lay out seating				
11	Is food being provided / prepared?				
	Is the kitchen adequate and hygienic?				
	Are food safe cleaning materials available?				
	Visual safety check on Kettles etc				
12	Are the Toilets facilities adequate & accessible?				
13	Is equipment being brought to the venue?				
	Has it been safety checked?				
14	Is there a First Aid box or is the U3A to provide				
15	Other (define)				
16	Other (define)				
Additional information:					

Signature

Position

Date