

VENUE CHECKLIST — DAY OF USE

U3A Name:	
U3A Interest Group:	
Location:	
Date:	
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 materials 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

Signature

Position

Date