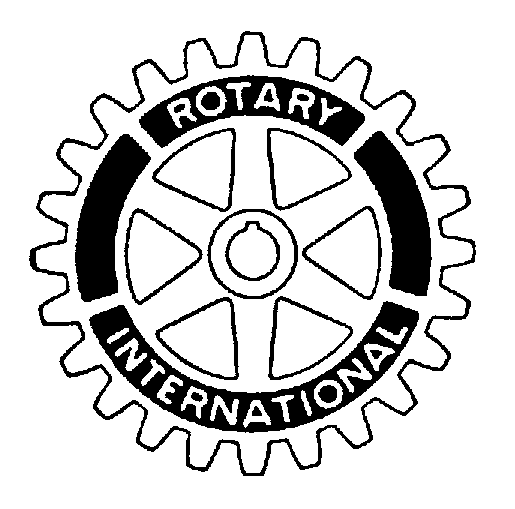
**Venue Risk Assessment Checklist**



|  |  |
| --- | --- |
| **Rotary** | |
| Date of Event | Location and Postcode |
| **Description of activity** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Is the access suitable for the people attending the activity especially anybody with limited mobility? |  |  |  |  |
| 2 | Is wheelchair access adequate? |  |  |  |  |
| 3 | Is the area free from obstructions and trip hazards? |  |  |  |  |
| 4 | Are there adequate means of escape in an emergency? |  |  |  |  |
| 5 | Are there appropriate direction signs in an emergency? |  |  |  |  |
| 6 | Is there a Fire Alarm? |  |  |  |  |
| 7 | Is there emergency lighting? |  |  |  |  |
| 8 | Is there a designated fire/emergency 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 Rotary responsibility before and after the event to lay out seating? |  |  |  |  |
| 11 | Is there a kitchen? |  |  |  |  |
| Is the kitchen adequate and hygienic? HACCP applied? |  |  |  |  |
| Are food safe cleaning materials available? |  |  |  |  |
| Has the electrical equipment been visually safety checked? |  |  |  |  |
| 12 | Are the toilet facilities adequate and accessible? |  |  |  |  |
| Is there hand washing and drying facilities? |  |  |  |  |
| 13 | Is equipment being brought to the venue? |  |  |  |  |
| Has it been checked? |  |  |  |  |
| 14 | Is there a First Aid box and if so where is it located? |  |  |  |  |
| 15 | Hearing Impaired? - Does the venue have a sound system with an induction loop? Is it switched on? |  |  |  |  |
| 16 | Does the venue have a current Fire Certificate? |  |  |  |  |
| 17 | Does the venue have adequate Third-Party Insurance cover? |  |  |  |  |
|  | Others (define) |  |  |  |  |
| **Additional information**  **Copy of Emergency Procedure?**  **Fire Alarm Annual Tests & evidence?**  **Fire Assembly Point location?**  **Public Liability Insurance for Hotel / Business or Venue owned by another organisation? Obtain a copy**  **Legionella Prevention / Records?**  **Pat Test Cert for Electrical equipment?**  **Does venue have a defibrillator or one nearby?**  **Is Crowd control required?**  **Are you near to moving vehicles?**  **Need to support Egress of Limited Mobility persons from upper stories of building?**  **Do you need a PEEP plan? (Personal Emergency Egress Procedure).** | | | | | |

**Signed Print Name Dated**