

Appendix 2

Venue Risk Assessment Checklist					
U3A Name					
Location/Postcode					
Date					
SBU3A 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 and 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 a 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?				
11	Is food being provided/prepared?				
	Is the kitchen adequate/hygienic?				
	Are food safe cleaning materials available?				
	Visual safety check on Kettles, etc.				
12	Are toilet facilities adequate/accessible?				
13	Is equipment being brought to the location?				
	Has it been safety checked?				
14	Is there a First Aid Box or is SBU3A to provide?				
15	Other (define)				
16	Other (define)				
Additional Information					
Signed:		Position:		Date:	