

Venue Checklist (Day of Use)

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|-------------------------|-------------------|
| U3A Name | |
| Interest Group | |
| Date | Location/Postcode |
| 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 items 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) | |

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| Notes |
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| Signed | Dated |
|---------------|--------------|