Venue Checklist (Day of Use)

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 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

Signed	**Dated**