

CORNWALL YFC VENUE CHECKLIST

Club:	Contact Person:
Venue:	

EXTERNAL

Item	Yes/No/NA	Notes
Does the site have car parking?		
Is the venue accessible to disabled persons?		
Is there sufficient external lighting?		
Is the access to the building safe? i.e. paths, steps, walls etc in good condition		

INTERNAL

Item	Yes/No/NA	Notes
Is the venue suitable overall for the proposed meeting?		
Will it accommodate the proposed number of members?		
Is it equipped for the proposed meeting?		
Is it clean, tidy and in good order?		
Is there sufficient ventilation?		
Is there sufficient heating available?		
Is there sufficient lighting?		
Are fire extinguishers available and have they been serviced in the last 12 months?		
Are there sufficient exits from the building in the event of a fire?		
Are fire exits clearly marked and doors easily opened without a key?		
Are there fire action notices on display that indicate evacuation procedures and how to raise the alarm?		

Item	Yes/No/NA	Notes
Is there means of raising the alarm in the event of fire?		
Is there an agreed fire assembly point?		
Is there a suitably stocked first aid box available?		
Where supplied, have portable electrical items been inspected during the last 12 months or do they appear in a safe condition visually?		
Is furniture safe? i.e. fixed and swivel chairs, table legs etc.		
Are there facilities for refreshments and are these hygienic?		
Are toilets available and are these hygienic?		
Are there any unguarded areas where people could fall i.e. staging, pits etc		
Are there accumulations of rubbish or waste materials		
Are there machines or hazardous substances in use or readily available		

GENERAL

Are entrances and exits clear of obstruction?		
Is the venue free from any obvious slip or trip hazards (internally and externally) e.g. trailing leads, uneven surfaces		
Are there arrangements for evacuating disabled persons in the event of an emergency?		
Is there a telephone or mobile phone available to call emergency services?		
Are Club Officers able to describe the exact location of the building?		
Are there any additional internal or external hazards? E.g machinery, livestock, general public		If Yes do Risk Assessment

Surveyed by: Name (Please Print):

Surveyor Signature: Date of Survey:

Review Date (12 months from initial survey)