

Safety Check Sheet

Event

Name of location/premises

Date From:

Date To:

| | | |
|---|--------------------------|--|
| Medical / first aid | <input type="checkbox"/> | |
| Emergency telephone | <input type="checkbox"/> | |
| Catering | <input type="checkbox"/> | |
| Conditions of floors and walkways | <input type="checkbox"/> | |
| Condition of sleeping accommodation | <input type="checkbox"/> | |
| Condition of kitchens | <input type="checkbox"/> | |
| Condition of toilets and washing facilities | <input type="checkbox"/> | |
| Outside Lighting | <input type="checkbox"/> | |
| Drinking water | <input type="checkbox"/> | |
| Visitor safety | <input type="checkbox"/> | |
| Electricity supplies safe | <input type="checkbox"/> | |
| Ground conditions | <input type="checkbox"/> | |
| Open water | <input type="checkbox"/> | |
| Hidden steps | <input type="checkbox"/> | |
| Vermin | <input type="checkbox"/> | |
| Traffic Hazards | <input type="checkbox"/> | |
| Equipment | <input type="checkbox"/> | |
| Gas supplies | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| Safety | <input type="checkbox"/> | |
| Safety briefing carried out | <input type="checkbox"/> | |
| Bounds explained / unsafe areas indicated | <input type="checkbox"/> | |
| First aid briefing carried out | <input type="checkbox"/> | |
| Fire evacuation point | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |