

Safety inspection checklist F4(1) Before the event

Location

Prior to Event
Yes No

Site access/egress

Are entrances/exits clear?

Are staff/stewards in place?

Can emergency vehicles gain access?

Are pedestrians segregated from vehicles?

Are security precautions in place?

Have adequate signs been provided?

Site condition

Is site free from tripping hazards eg cables, potholes, footpath defects etc?

Are permanent fixtures in good condition eg seats, fencing, signage etc?

Has vegetation been cut back, debris removed and the area made safe?

Have current weather conditions created new hazards to be addressed?

Attractions/activities/structures

Have all structures been completed?

Have all structures been inspected and approved by a competent person where required?

Are all activities/attractions sited correctly and checked?

Have all activities/attractions supplied evidence of insurance and health and safety requirements?

Are all potentially hazardous activities segregated and/or fenced as required?

Have temporary flags/decorations been installed correctly and checked?

Have any unanticipated hazards been introduced?

Safety inspection checklist **F4(2)** During the event

Location

Event provisions

- | | | |
|---|--------------------------|--------------------------|
| Is fire fighting equipment in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is lighting in place where required? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have electrical supplies/equipment been checked/certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have toilets been provided where required? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are first aid facilities in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is control centre in place and public address system working? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are adequate waste bins in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are stewards in place? | <input type="checkbox"/> | <input type="checkbox"/> |

Defects noted:

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Remedial action taken:

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Printed Name of Inspector:

Safety inspection checklist F4(3) After the event

Location

Exhibitors/attractions	Yes	No
Have all attractions been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>
Have all exhibitors vacated the venue?	<input type="checkbox"/>	<input type="checkbox"/>
Have all vehicles left the venue?	<input type="checkbox"/>	<input type="checkbox"/>
Temporary facilities		
Has all equipment been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>
Have all structures been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>
Have temporary markers such as stakes, ropes, flags etc been removed?	<input type="checkbox"/>	<input type="checkbox"/>
Have any holes/trenches etc been made good?	<input type="checkbox"/>	<input type="checkbox"/>
Have all temporary electric installations been isolated and made safe?	<input type="checkbox"/>	<input type="checkbox"/>
Waste collection		
Has all waste been collected satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>
Has all waste been removed from the site?	<input type="checkbox"/>	<input type="checkbox"/>
Have all residue fire hazards been checked e.g. fireworks, bonfires?	<input type="checkbox"/>	<input type="checkbox"/>
Venue condition		
Has any damage to permanent facilities, buildings or the ground been reported?	<input type="checkbox"/>	<input type="checkbox"/>
Has any damage been found during inspection?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to either of the above is yes then describe briefly below

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Incidents/accidents

Yes

No

Were any incidents/accidents reported during the event?

If yes describe briefly below. (If there was personal injury then please complete accident report form and return to the council)

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Remedial action taken:

(please advise the council of any damage found and remedial action taken)

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Printed name of inspector

Signature

Date of inspection