

Safety inspection checklist

(before, during and after the event)

Walk through safety inspections should be carried out immediately prior to, during and after the event. More than one inspection may be needed during the event. Using this form note all defects and also the remedial action taken. This is not an exhaustive list and care should be taken to identify any other hazards associated with the activities at the event.

Event: _____

Location: _____

Before the event

Site access/egress

Prior to Event

Yes No

- | | | |
|---|--------------------------|--------------------------|
| • Are entrances/exits clear? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are staff/stewards in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can emergency vehicles gain access? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are pedestrians segregated from vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are security precautions in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have adequate signs been provided? | <input type="checkbox"/> | <input type="checkbox"/> |

Site condition

- | | | |
|---|--------------------------|--------------------------|
| • Is site free from tripping hazards eg cables, potholes, footpath defects etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are permanent fixtures in good condition eg seats, fencing, signage etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has vegetation been cut back, debris removed and the area made safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any defects to grassed or other soft landscaped areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have current weather conditions created new hazards to be addressed? | <input type="checkbox"/> | <input type="checkbox"/> |

Attractions/activities/structures

Yes

No

- 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, risk assessments, safety certificates, maintenance & food hygiene certificates etc.
- 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?

Event provision

- Is fire fighting equipment in place?
- Is lighting in place where required?
- Have electrical supplies/equipment been checked/certified?
- Have toilets been provided where required?
- Are first aid facilities in place?
- Is control in place and public address system working?
- Are adequate waste bins in place?
- Are stewards in place?

Defects noted: _____

Remedial action taken: _____

Location: _____

During the event

Site access/egress

Prior to Event

Yes No

- 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?
- Has 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?

Event provisions

Yes

No

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

Defects noted: _____

Remedial action taken: _____

Printed Name of Inspector: _____

Signature: _____

Date & Time of Inspection: _____

Location: _____

After the event

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"/>
• Have all waste been removed from the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all residue fire hazards been checked eg fireworks, bonfires?	<input type="checkbox"/>	<input type="checkbox"/>

Venue condition

• Has any damage to permanent facilities, buildings or the grounds 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

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)

Remedial action taken:

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

Printed Name of Inspector: _____

Signature: _____

Date of Inspection: _____