

## VENUE RISK ASSESSMENT CHECKLIST

<b>U3A Name:</b>					
<b>Location/Postcode:</b>					
<b>Date:</b>					
<b>U3A Interest Group</b>					
<b>Description of Activity:</b>					
HAZARD		Yes	No	N/A	COMMENTS
1	Is the access suitable for the group attending the activity?				
2	Is wheelchair access adequate?				
3	Is the area free from obstructions & trip hazards?				
4	Is adequate means of escape in an emergency provided?				
5	Are there appropriate direction signs to aid escape?				
6	Is there a Fire Alarm?				
7	Is there Emergency Lighting?				
8	Is there designated assembly point? Where is it?				
9	Is there an emergency procedure for the building? Do you have a copy?				
10	Is seating always laid out?				
	Is it a U3A responsibility to before and after the activity to lay out seating				
11	Is food being provided / prepared?				
	Is the kitchen adequate and hygienic?				
	Are food safe cleaning materials available?				
	Visual safety check on Kettles etc				
12	Are the Toilets facilities adequate & accessible?				
13	Is equipment being brought to the venue?				
	Has it been safety checked?				
14	Is there a First Aid box or is the U3A to provide				
15	Other (define)				
16	Other (define)				
<b>Additional information:</b>					

Signature

Position

Date

# VENUE RISK ASSESSMENT CHECKLIST

## VENUE CHECKLIST – DAY OF USE

<b>U3A Name:</b>	
<b>U3A Interest Group:</b>	
<b>Location/Postcode:</b>	
<b>Date:</b>	
<b>Description of Activity:</b>	

CHECK		Yes (✓)
1	<b>Emergency Exits unobstructed</b>	
2	<b>Emergency Exits unlocked</b>	
3	<b>Fire Extinguishers in place</b>	
4	<b>Toilet facilities open, clean, paper available etc</b>	
5	<b>Walkways free from trip hazards</b>	
6	<b>Kitchen facilities accessible &amp; clean</b>	
7	<b>Kettle leads in good condition, free from wear and fraying, plug securely attached</b>	
8	<b>Refreshment materials available</b>	
9	<b>First Aid equipment accessible</b>	
10	<b>Safety Briefing given</b> 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	<b>Other(specify)</b>	
12	<b>Other(specify)</b>	

NOTES

**Signature**

**Position**

**Date**

## WORKSHOP ACTIVITY RISK ASSESSMENT CHECKLIST

<b>U3A Name:</b>	
<b>U3A Interest Group</b>	
<b>Location:</b>	
<b>Date:</b>	
<b>Description of Activity:</b>	

HAZARD		Yes	No	N/A	COMMENTS
<b>Use of Hand Tools</b>					
1	<b>Are tools sharp and in good condition? (e.g. no damage, splitting of handles etc)</b>				
<b>Electrical Power Tools</b>					
1	<b>Portable Appliance tested?</b>				
2	<b>Double insulated?</b>				
3	<b>Visual inspection of leads and connections made?</b>				
<b>Fixed Machinery (lathes etc.)</b>					
1	<b>Are electrical connections &amp; wiring in good condition?</b>				
2	<b>Is the equipment suitably earthed?</b>				
3	<b>Are appropriate guards fitted and in good condition?</b>				
<b>Personal Protective Equipment (PPE)</b>					
1	<b>Does the activity require the following:</b> <ul style="list-style-type: none"> <li>a. Eye Protection</li> <li>b. Hearing Protection</li> <li>c. Dust Mask</li> <li>d. Gloves</li> <li>e. Safety shoes</li> </ul>				
<b>Hazardous Materials</b>					
1	<b>Are the materials used hazardous? (Toxic, Harmful, Irritant, Dusty etc. see container label)</b>				
2	<b>Does the material require special precautions in use? (e.g. the wearing of PPE)</b>				
<b>Workplace Hazards</b>					
1	<b>Are the floors free from trip hazards &amp; escape routes clear?</b>				
2	<b>Are precautions in place to prevent or respond to fire?</b>				
3	<b>Does the activity require special precautions? (e.g. removal of jewellery, tying back long hair)</b>				

Signature

Position

Date

# WALK LEADER CHECKLIST

<b>U3A Name:</b>	
<b>U3A Interest Group:</b>	
<b>Walk Name:</b>	
<b>Distance:</b>	
<b>Terrain Type:</b>	
<b>Date:</b>	

BEFORE WALK		Yes (✓)
<b>1</b>	<b>Provision of information to prospective walkers:</b> <ul style="list-style-type: none"> <li>a) Location</li> <li>b) Distance</li> <li>c) Timing</li> <li>d) Linear / Circular Route</li> <li>e) Terrain</li> <li>f) Height and climbs involved</li> <li>g) Level of fitness required</li> <li>h) Appropriate Footwear &amp; Clothing</li> <li>i) Toilet / refreshment facilities en route</li> <li>j) What to bring – Food / Drink / Compass / Map / Mobile Phone</li> <li>k) Dogs permitted?</li> <li>l) Meeting point</li> <li>m) Public transport options</li> <li>n) Car parking facilities</li> <li>o) Need of walkers to bring an emergency telephone number and relevant Medical details</li> </ul>	

ON THE DAY		
<b>1</b>	<b>Check first aid kit &amp; emergency blanket</b>	
<b>2</b>	<b>Briefing before starting out:</b> <ul style="list-style-type: none"> <li>a. Route</li> <li>b. Duration</li> <li>c. Terrain</li> <li>d. Known Hazards</li> <li>e. Emergency Arrangements – illness, exhaustion, accident, weather problems, terrain problems, lost contact with group</li> <li>f. Be prepared to advise inadequately equipped walkers not to go</li> </ul>	
<b>3</b>	<b>Appoint a backmarker</b>	

DURING THE WALK		
<b>1</b>	<b>Stay at the front but make sure you can always see the backmarker</b>	
<b>2</b>	<b>Set an appropriate pace for the level of walk</b>	
<b>3</b>	<b>Check the route frequently</b>	
<b>10</b>	<b>Periodically count the number in the group</b>	
<b>11</b>	<b>Other(specify)</b>	

# WALK LEADER CHECKLIST

NOTES

**Signature**

**Position**

**Date**

## **ELECTRICAL INSPECTION AND TESTING**

For Low Risk Environments only the following indicates whether or not user checks, visual inspection or electrical testing (PAT) is required and the suggested inspection and testing intervals.

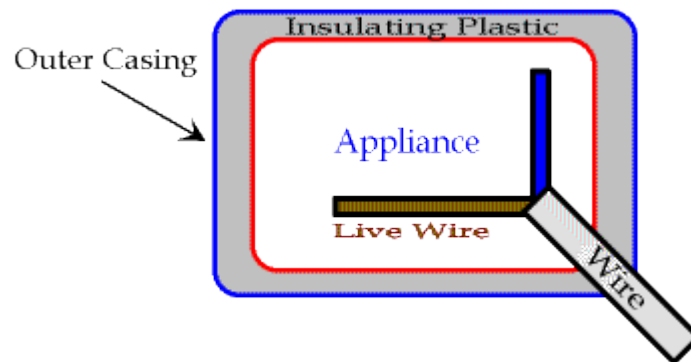
It is easy to determine whether or not a piece of electrical equipment is double insulated (see next page); look on the electrical label for a symbol of a square within a square  either printed or embossed on the device.

<b>Equipment / Environment</b>	<b>User Check</b>	<b>Formal Visual Inspection</b>	<b>Combined Inspection and Testing</b>
Battery operated (less than 20 volts)	<b>NO</b>	<b>NO</b>	<b>NO</b>
Extra low voltage (less than 50 volts AC) e.g. telephone equipment, low voltage desk lights.	<b>NO</b>	<b>NO</b>	<b>NO</b>
Information technology: e.g. desk top computer, VDU screens.	<b>NO</b>	<b>YES</b> (2-4 years)	<b>NO</b> if double insulated <b>YES</b> Otherwise (up to 5 years)
Photocopiers, fax machines. NOT hand held. Rarely moved.	<b>NO</b>	<b>YES</b> (2-4 years)	<b>NO</b> if double insulated <b>YES</b> Otherwise (up to 5 years)
Double insulated equipment: NOT hand held. Moved occasionally, e.g. fans, projectors, table lamps.	<b>NO</b>	<b>YES</b> (2-4 years)	<b>NO</b>
Double insulated equipment: HAND HELD e.g. some floor cleaners.	<b>YES</b>	<b>YES</b> (6 months -1 year)	<b>NO</b>
Earthed equipment (class 1) e.g. electric kettles, some floor cleaners.	<b>YES</b>	<b>YES</b> (6 months -1 year)	<b>YES</b> (1 – 2 years)
Cables (leads) & plugs connected to earthed equipment.  Extension leads (mains voltage)	<b>YES</b>	<b>YES</b> (6 months - 4 years Depending on type of equipment connected to)	<b>YES</b> (1 – 5 years Depending on type of equipment connected to)

## DOUBLE INSULATION OF ELECTRICAL APPLIANCES

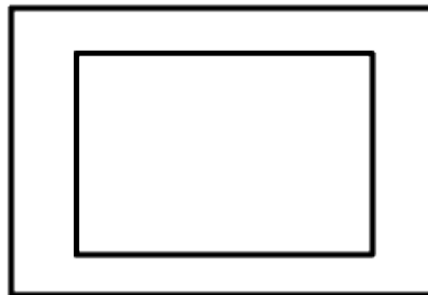
An **appliance** which is **double insulated** has the whole of the inside contained in **plastic**, underneath an **outer casing**.

If anything goes wrong with the **appliance**, no **Live conductor** can touch the **outer casing** because of the **insulating plastic**.



**Appliances** which are **double insulated** include **electric drills** and **hairdryers**.

The symbol for **double insulation** is shown below.



You will see this symbol printed on the **appliance** which is **double insulated**.

Double insulated appliances **DO NOT** need to be **PAT tested**



Company:

### PORTABLE APPLIANCE REGISTER

Legend MΩ = Mega Test on Leads V = visual check only D = double insulated

Ref	Description	Location	Test Required	Date	Result / Action	Next test due
001						
002						
003						
004						
005						
006						
007						
008						
009						
010						
011						
012						
013						
014						
015						
016						
017						
018						
019						
020						

Company:

### PORTABLE APPLIANCE REGISTER

Legend MΩ = Mega Test on Leads V = visual check only D = double insulated

Ref	Description	Location	Test Required	Date	Result / Action	Next test due
021						
022						
023						
024						
025						
026						
027						
028						
029						
030						
031						
032						
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