



## VENUE-BASED RISK ASSESSMENT CHECKLIST

|                                                             |              |
|-------------------------------------------------------------|--------------|
| <b>u3a Name:</b>                                            | <b>Date:</b> |
| <b>Name of person completing risk assessment checklist:</b> |              |
| <b>Interest Group:</b>                                      |              |
| <b>Description of Activity:</b>                             |              |

This checklist is to help in the planning for a venue-based activity, such as a community hall. This isn't an exhaustive list, so think carefully about any specific risks you may encounter. It is likely that you will need to add to this risk assessment checklist. This form can (and should) be altered to suit specific activity requirements.

Where you identify a particular risk you should note the actions you will take to reduce it. It's important to carry out a risk assessment before the activity takes place, and you can always add to this during the activity.

|            | Risk Assessment Checklist                                                                 | Yes | No | N/A | If no, what actions will you take to mitigate this risk? |
|------------|-------------------------------------------------------------------------------------------|-----|----|-----|----------------------------------------------------------|
| General    | Is the area where the u3a activity is taking place in well lit and away from any hazards? |     |    |     |                                                          |
|            | Are floor surfaces in good condition to prevent slips, trips, and falls?                  |     |    |     |                                                          |
|            | Are all walkways kept clear and free from obstruction?                                    |     |    |     |                                                          |
|            | Are there enough seats for all members in attendance?                                     |     |    |     |                                                          |
|            | Has a register of members in attendance been taken for fire safety reasons?               |     |    |     |                                                          |
| Electrical | Have you made sure there are no trailing leads or cables?                                 |     |    |     |                                                          |





|             |                                                                                                                                                          |  |  |  |  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|             | Is the use of socket adapters (e.g., extension leads) per socket kept to an absolute minimum to prevent overloading?                                     |  |  |  |  |
|             | Have all cables been inspected to ensure they are intact and safe for use?                                                                               |  |  |  |  |
|             | If the venue requires PAT testing, has equipment been PAT tested?                                                                                        |  |  |  |  |
|             |                                                                                                                                                          |  |  |  |  |
| Fire Safety | Are all fire exit and escape routes, fire alarm points and fire-fighting equipment clearly visible, unobstructed and appropriately indicated?            |  |  |  |  |
|             | Have members been informed of safety procedures, including where to congregate in the event of a fire alarm?                                             |  |  |  |  |
|             | Is there a working smoke alarm?                                                                                                                          |  |  |  |  |
|             | Is there a working carbon monoxide alarm?                                                                                                                |  |  |  |  |
|             | Are all smoke and fire stop doors kept closed when not in use, and never wedged open (except doors on magnetic catches linked to the fire alarm system)? |  |  |  |  |
|             | Are appropriate procedures in place to assist disabled members who may be present during a fire evacuation?                                              |  |  |  |  |
|             |                                                                                                                                                          |  |  |  |  |
| Equipment   | Do you have a lockable and secure area to store u3a equipment, if applicable?                                                                            |  |  |  |  |
|             |                                                                                                                                                          |  |  |  |  |
| Wellbeing   | Are refreshments available to members? (e.g., water, tea)                                                                                                |  |  |  |  |
|             | Is there a first aid box that is checked regularly and has been stocked?                                                                                 |  |  |  |  |





| Other identified risks: | What will you do to mitigate these risks? |
|-------------------------|-------------------------------------------|
|                         |                                           |
|                         |                                           |
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|                         |                                           |

| <b>u3a</b> | <b>Venue Based Risk Assessment Checklist</b> |                |             | The Third Age Trust |
|------------|----------------------------------------------|----------------|-------------|---------------------|
| Version    | Description of changes                       | Date of change | Review date |                     |
| 1.0        | Original Checklist                           | 12.09.2022     | 12.09.2023  |                     |

