



Health And Safety Building Checklist And Risk Assessment – Own Venue

Most recent update: 15 May 2024

Venue name and address			
Centre manager			
Date of check		Date of last check	

DELETE or **PROVIDE DETAILS** as appropriate

1	Is the Public Liability certificate up to date and displayed in public area?	YES	NO
2	Is there a fire certificate in operation for the building?	YES	NO
3	Are there written evacuation procedures for the venue?	YES	NO
4	Are evacuation notices displayed?	YES	NO
5	Are fire exits marked and kept clear?	YES	NO
6	If the premises are to be used in the evenings, are all fire exits adequately lit inside and outside the building to ensure safe exit from the building in the event of a fire?	YES	NO
6a	Name of Fire Marshall re evacuation of venue		
7	State location of assembly point		
8	Are fire extinguishers available?	YES	NO
9	Have they been serviced within the last 12 months?	YES	NO
9a	Is there an up to date Fire Risk Assessment for the venue?	YES	NO
10	Is the Health and Safety law poster displayed?	YES	NO
11	Is there access to a first aid box (and is it adequately stocked in line with HSE guidelines)?	YES	NO
12	Is there a first aider available for staff and customers?	YES	NO
13	Do you have access to an alternative telephone in event of emergency?	YES	NO
14	Are incident/accident procedures known and report forms available?	YES	NO
15	Are there adequate welfare facilities (male/female toilets, washing facilities, eating facilities etc)?	YES	NO





16	Is the venue clean and hygienic?	YES	NO
16a	Are windows cleaned regularly	YES	NO
17	Is there adequate ventilation?	YES	NO
18	Is there adequate lighting?	YES	NO
19	Is heating adequate and all radiators working?	YES	NO
20	Is all electrical equipment PAT tested?	YES	NO
21	Are there adequate plug sockets available for electrical equipment?	YES	NO
22	If extension leads must be used, are they approved type, PAT tested and regularly visually inspected for defects?	YES	NO
23	Is the gas installation/gas boiler regularly inspected by a competent engineer? Provide last date of inspection	YES	NO
		Date:	
23a	Have all gas services been inspected and maintained by CORGI registered fitters?	YES	NO
24	Are there adequate arrangements in place with regard to personal security?	YES	NO
25	Will learners have access to hazardous substances during their learning programme? If yes, are relative COSHH procedures in place?	YES	NO
		YES	NO
25a	Are all hazardous substances stored and used only in accordance with manufacturer recommendations?	YES	NO
26	Is there an annually reviewed Critical Incident Plan (see CW&C proforma) in place for the building?	YES	NO
27	Is waste disposed of appropriately including secure waste?	YES	NO
28	Is paper based personal data storage secure ie within a locked store behind a locked door and retained in line with CW&C guidelines?	YES	NO
29	Are all corporate PCs shielded from public view?	YES	NO
30	Is the venue accessible for all potential service users?	YES	NO

Any actions to be taken as a result of the above assessment?	By whom?	By when?

Extend as required





Identification Of Hazards

Consider all activities taking place within the building and tick the boxes of significant hazards that apply

Fire hazards		Manual handling		Violence/aggression	
Falling objects		Slips, trips and falls		Hazardous substances	
Lone working		Drugs/alcohol		Heating and ventilation	
Electrical equipment		Theft		Portable appliances	
Public access points		Data management		Sanitation	
Food provision		Confined space		Vehicles/driving	
Machinery		Other (specify)			

For all hazards identified above complete the following risk assessment; copy table below as required

Risk 1

Hazard		
What is already being done to control the risk?		
What further action needs to be taken to control this risk?		
Who will take action?	When will action be taken?	Date action completed

Risk 2

Hazard		
What is already being done to control the risk?		
What further action needs to be taken to control this risk?		
Who will take action?	When will action be taken?	Date action completed



Risk 3

Hazard		
What is already being done to control the risk?		
What further action needs to be taken to control this risk?		
Who will take action?	When will action be taken?	Date action completed

Are you satisfied that the venue is suitable for the provision of learning and employment support to be provided and standards sufficient to ensure the Health and safety of employees and customers?	
YES	NO

Signed _____ (Centre coordinator)

Date _____

Action plan checked as completed

Signed _____ (Line manager)

Date _____