

Safety Inspection Checklist

(before, during and after the event)

Walk through safety inspections should be carried out immediately before, 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.

Location:

Before the event

Site access/egress

	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"/>
• 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 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

- 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 centre in place and public address system working? ☐ ☐
- Are adequate waste bins in place? ☐ ☐
- Are stewards in place? ☐ ☐

Defects noted:

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Remedial action taken:

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Printed Name of Inspector: _____

Signature:

Date & Time of Inspection:

Location:

During the event

Site access/egress	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"/>
• Has current weather conditions created new hazards to be addressed?	<input type="checkbox"/>	<input type="checkbox"/>

Attractions/activities/structures

• Have all structures been completed?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all structures been inspected and approved by a competent person where required?	<input type="checkbox"/>	<input type="checkbox"/>
• Are all activities/attractions sited correctly and checked?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all activities/attractions supplied evidence of insurance and health and safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>
• Are all potentially hazardous activities segregated and/or fenced as required?	<input type="checkbox"/>	<input type="checkbox"/>
• Have temporary flags/decorations been installed correctly and checked?	<input type="checkbox"/>	<input type="checkbox"/>
• Have any unanticipated hazards been introduced?	<input type="checkbox"/>	<input type="checkbox"/>

Event provisions**Yes****No**

- 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 centre in place and public address system working?
- Are adequate waste bins in place?
- Are stewards in place?

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Remedial action taken:

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Printed Name of Inspector:**Signature:****Date & Time of Inspection:**

Location:

After the event

Exhibitors/attractions

Yes

No

- Have all attractions been dismantled and removed?
- Have all exhibitors vacated the venue?
- Have all vehicles left the venue?

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Temporary facilities

- Has all equipment been dismantled and removed?
- Have all structures been dismantled and removed?
- Have temporary markers such as stakes, ropes, flags etc been removed?
- Have any holes/trenches etc been made good?
- Have all temporary electric installations been isolated and made safe?

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Waste collection

- Has all waste been collected satisfactorily?
- Has all waste been removed from the site?
- Have all residue fire hazards been checked e.g. fireworks, bonfires?

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Venue condition

- Has any damage to permanent facilities, buildings or the ground been reported?
- Has any damage been found during inspection?

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Defects noted:

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Incidents/accidents**Yes****No**

- Were any incidents/accidents reported during the event?

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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