

# 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.

**Location:** \_\_\_\_\_

## Before the event

### Site access/egress

**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?

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### Site condition

- Is site free from tripping hazards e.g. cables, potholes, footpath defects etc?
- Are permanent fixtures in good condition e.g. seats, fencing, signage etc?
- Has vegetation been cut back, debris removed and the area made safe?
- Have current weather conditions created new hazards to be addressed?

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**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 firefighting 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 ☐ ☐



**Printed Name of Inspector:**

**Signature:**

**Date and Time of Inspection:**

**Location:**

### **During the event**

#### **Site access/egress**

**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?

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#### **Site conditions**

- Is site free from tripping hazards e.g. cables, potholes, footpath defects etc?
- Are permanent fixtures in good condition e.g. 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?

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#### **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

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- |  |                          |                          |
|--|--------------------------|--------------------------|
| • 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**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Is fire fighting equipment in place?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is lighting in place where required?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have electrical supplies/equipment been checked/certified?    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the toilets clean, with supplies & working correctly?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are first aid facilities in place?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is control centre in place and public address system working? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are waste bins adequate and being emptied?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stewards in place?  | <input type="checkbox"/> | <input type="checkbox"/> |

Defects noted:

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Remedial action taken:

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Printed Name of Inspector:

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Signature:

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Date and Time of Inspection:

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Location:

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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 noted for post site inspections?        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have all temporary electrical 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"/> |
| • Has all waste been removed from site?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have all residue fire hazards been checked, e.g. fireworks | <input type="checkbox"/> | <input type="checkbox"/> |

### Venue condition

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Has any damage to permanent facilities, buildings or the ground 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:

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### Incidents/accidents

**Yes**      **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Were any incidents/accidents reported during the event? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

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**

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**Signature**

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**Date of inspection**

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