

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. Use 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 entrances and exits

Yes

No

- Are entrances/exits clear? Yes No
- Are staff/stewards in place? Yes No
- Can emergency vehicles gain access? Yes No
- Are pedestrians segregated from vehicles? Yes No
- Are security precautions in place? Yes No
- Have adequate signs been provided? Yes No

Site condition

- Is site free from tripping hazards, e.g. cables, potholes, footpath defects etc? Yes No
- Are permanent fixtures in good condition, e.g. seats, fencing, signage etc? Yes No
- Has vegetation been cut back, debris removed and the area been made safe? Yes No
- Have current weather conditions created new hazards to be addressed? Yes No

Attractions/activities/structures**Yes** **No**

- Have all structures been completed?
- Have all structures been inspected and approved by a competent person where required?
- Have all activities/attractions been sited correctly and checked?
- Have all activities/attractions supplied evidence of insurance and health and safety requirements?
- Are all potentially hazardous activities separated and/or fenced as required?
- Have temporary flags/decorations been installed correctly and checked?
- Have any new 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:

Action taken:

**Location:
During the event**

Site entrances and exits

Yes

No

- Are entrances/exits clear?
- Are staff/stewards in place?
- Can emergency vehicles gain access?
- Are pedestrians separated from vehicles?
- Are security precautions in place?
- Have adequate signs been provided?

Site condition

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- Are adequate waste bins in place?
- Are stewards in place?

Defects noted:

Action taken:

**Location:
After the event**

Exhibitors/attractions	Yes	No
• Have all attractions been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all exhibitors left 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 all holes/trenches etc been made good?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all temporary electric 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 the site?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all residue fire hazards been checked e.g. fireworks, bonfires?	<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 the damage briefly below.

Incidents/accidents

Yes

No

- Were any incidents/accidents reported during the event?

If yes, describe briefly below. (If there was personal injury, then please complete an accident report form and keep it for your records.)

Action taken:

(Please note any damage found and action taken to deal with it.)

Printed name:

Job Title:

Signature:

Date and time of inspection: