**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 a exhaustive list and care should be taken to identify any other hazards associated with the activities at the event.

**Location:**

**Before the event**

**Prior to Event**

**Site access/aggress 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?

**Site condition**

* Is site free from tripping hazards eg cables, potholes, footpaths defects etc?
* Are permanent fixtures in good condition eg 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?

**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?
* 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**

**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?

**Defects noted:** …………………………………………………..………………….……..……………….

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**Printed Name of Inspector:** ………………………...............…………….……..……….……………

**Signature:** ………………………………………………………………………………………………….

**Date & Time of Inspection:** ………………………..............................................................……….

**Location:** …………………………………………..........………………………..………………………

**During the event**

**Site access/aggress 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?

**Site condition**

* Is site free from tripping hazards eg cables, potholes, footpath defects etc?
* Are permanent fixtures in good condition eg 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?

**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?
* 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**

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

**Defects noted:** …………………………………………………………………….………………………….

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**Printed Name of Inspector:** ……………………………................…………………………..…………

**Signature:** …………………………..………………………………………………………………….…….

**Date & Time of Inspection:** ………................................…..  **Hours** ….….…………………………

**Location:** ………………………………………………..........……………………………………………...

**Exhibitors/attractions Yes No**

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

**Temporary facilities**

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

**Waste collection**

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

**Venue condition**

* Has any damage to permanent facilities, buildings or the ground been

reported?

* Has any damage been found during inspection?

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?

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 & Time of inspection:** …………......………………..…….. **Hours ..**………...….......……………