

## Safety Inspection Checklist – before and during 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:** \_\_\_\_\_

**This list should be checked both before and during the event**

### Site access/egress

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| • 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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## **Safety Inspection Checklist – after the event**

This list should be checked after the event:

<b>Exhibitors/attractions</b>	<b>Yes</b>	<b>No</b>
• 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"/>
<b>Temporary facilities</b>		
• 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 made good?	<input type="checkbox"/>	<input type="checkbox"/>
• Have all temporary electric installations been isolated and made safe?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Waste collection</b>		
• 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"/>
<b>Venue condition</b>		
• 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?

If yes describe briefly below. (If there was personal injury then please complete an Incident Report Form and return to BW)

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**Remedial action taken:**

(please advise BW of any damage and remedial action taken)

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**Printed name of inspector** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date of inspection** \_\_\_\_\_