

Safety Inspection Checklist A: Pre-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 to be 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: _____ Date & Time: __/__/__ _____

Site access/egress

- | | | |
|---|---------------------------|--------------------------|
| Are entrances/exits clear? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are staff/stewards in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Can emergency vehicles gain access? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are pedestrians segregated from vehicles? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are security precautions in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have adequate signs been provided? | <input type="radio"/> Yes | <input type="radio"/> No |

Site condition

- | | | |
|---|---------------------------|--------------------------|
| Is site free from tripping hazards e.g. cables, potholes, footpath defects etc? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are permanent fixtures in good condition e.g. seats, fencing, signage etc? | <input type="radio"/> Yes | <input type="radio"/> No |
| Has vegetation been cut back, debris removed, and the area made safe? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have current weather conditions created new hazards to be addressed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Attractions/activities/structures | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all structures been completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all structures been inspected | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all structures been approved by a competent person where required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are all activities/attractions sited correctly and checked? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all activities/attractions supplied evidence of insurance? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all activities/attractions supplied evidence of H&S requirements? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are all potentially hazardous activities segregated and/or fenced as required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have temporary flags/decorations been installed correctly and checked? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have any unanticipated hazards been introduced? | <input type="radio"/> Yes | <input type="radio"/> No |

Event provisions

- | | | |
|---|---------------------------|--------------------------|
| Is fire fighting equipment in place and functional? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is lighting in place and functional where required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have electrical supplies/equipment been checked/certified? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have toilets been provided where required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are first aid facilities in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is control centre in place and public address system working? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are adequate waste bins in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are stewards in place? | <input type="radio"/> Yes | <input type="radio"/> No |

Defects noted:

Remedial action taken:

Signature:

Printed Name of Inspector:

Date & Time of Inspection

Safety Inspection Checklist B: During 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: _____

Date & Time: _____

Site access/egress

- | | | |
|---|---------------------------|--------------------------|
| Are entrances/exits clear? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are staff/stewards in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Can emergency vehicles gain access? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are pedestrians segregated from vehicles? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are security precautions in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have adequate signs been provided? | <input type="radio"/> Yes | <input type="radio"/> No |

Site condition

- | | | |
|---|---------------------------|--------------------------|
| Is site free from tripping hazards e.g. cables, potholes, footpath defects etc? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are permanent fixtures in good condition e.g. seats, fencing, signage etc? | <input type="radio"/> Yes | <input type="radio"/> No |
| Has vegetation been cut back, debris removed, and the area made safe | <input type="radio"/> Yes | <input type="radio"/> No |
| Has current weather conditions created new hazards to be addressed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Attractions/activities/structures | | |
| Have all structures been completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all structures been inspected? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all structures been approved by a competent person where required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are all activities/attractions sited correctly and checked? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all activities/attractions supplied evidence of insurance? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have all activities/attractions supplied evidence health and safety requirements? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are all potentially hazardous activities segregated and/or fenced as required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have temporary flags/decorations been installed correctly and checked? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have any unanticipated hazards been introduced? | <input type="radio"/> Yes | <input type="radio"/> No |

Event provisions

- | | | |
|---|---------------------------|--------------------------|
| Is fire fighting equipment in place and functional? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is lighting in place and functional where required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have electrical supplies/equipment been checked/certified? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have toilets been provided where required? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are first aid facilities in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is control centre in place and public address system working? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are adequate waste bins in place? | <input type="radio"/> Yes | <input type="radio"/> No |
| Are stewards in place? | <input type="radio"/> Yes | <input type="radio"/> No |

Defects noted:

Remedial action taken:

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

Safety Inspection Checklist C: **After 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: _____

Date & Time: _____

Exhibitors/attractions

Have all attractions been dismantled and removed? Yes No

Have all exhibitors vacated the venue? Yes No

Have all vehicles left the venue? Yes No

Temporary facilities

Has all equipment been dismantled and removed? Yes No

Have all structures been dismantled and removed? Yes No

Have temporary markers such as stakes, ropes, flags etc been removed? Yes No

Have any holes/trenches etc been made good? Yes No

Have all temporary electric installations been isolated and made safe? Yes No

Have all bollards, gates and buildings been resecured and checked Yes No

Waste collection

Has all waste been collected satisfactorily? Yes No

Has all waste been removed from the site? Yes No

Have all residue fire hazards been checked e.g. fireworks, bonfires? Yes No

Venue condition

Has any damage to permanent facilities, buildings or the ground been reported? Yes No

Has any damage been found during inspection? Yes No

Defects noted:
