

## Venue checklist

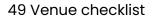
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## Contact name and number

Is this an existing venue or a new venue?

| Date | Notes |
|------|-------|
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|      | Date  |

| Item Date | Notes |
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| Fire extinguishers,                 |             |                                     |
|-------------------------------------|-------------|-------------------------------------|
| smoke, heat and CO <sub>2</sub>     |             |                                     |
| detectors maintained                |             |                                     |
| and in date                         |             |                                     |
| Trip hazards                        |             |                                     |
| Electrical equipment                |             |                                     |
| PAT safe and                        |             |                                     |
| maintained                          |             |                                     |
| Mobile phone signal and or landline |             |                                     |
| First aid kit available             |             |                                     |
| Public liability insurance          |             |                                     |
| Car parking                         |             |                                     |
| Expectations for                    |             |                                     |
| cleaning, tidying at end            |             |                                     |
| of use                              |             |                                     |
| Availability of suitable            |             |                                     |
| tables and chairs and its           |             |                                     |
| storage                             |             |                                     |
| Setting up and tidying              |             |                                     |
| away of tables and                  |             |                                     |
| chairs                              |             |                                     |
| Please include any additior         | nal informa | ation on a separate sheet of paper. |
|                                     |             |                                     |
| Completed by                        |             |                                     |
|                                     |             |                                     |
|                                     |             |                                     |
|                                     | •••         | Role                                |
|                                     |             |                                     |
|                                     |             |                                     |
|                                     | •••••       | Role                                |