

Venue Risk Assessment Form

Venue:	Check carried out by Name :
Date of check:	Position:

Area Points to consider	Hazards (including Virus spreading)	Who might be harmed?	Existing controls What is already in place to minimise the risk?	Action What needs to happen to minimise the risk?	Date achieved
Playing and Training Area Is the area and surroundings safe and free from obstacles? Including changing facilities					
Equipment Is the equipment fit and sound for activity and suitable for age group/ability?					
Participants Is/are the register(s) up to date? Are performers appropriately attired? Safe for Activity?					

Emergency Points Can emergency vehicles access facilities? Is there a working telephone?					
Safety Information Are there visible evacuation procedures?					

Signed: _____

Date: _____

Name: _____