**Health and Safety Checklist – Off Site Venues hosting Adult Education Classes**

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| --- | --- | --- | --- | --- |
| **Venue Address** |  | | | |
| **Learning Programme** |  | **Time of Day Premises Required** | **Day** | **Evening** |

**DELETE** or provide **DETAILS** as appropriate

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| --- | --- | --- |
| 1 | Is the public liability certificate displayed? (send copy or provide details of name of insurer, expiry date and insurance telephone number) | Provide copy or details  …………………………… |
| 2 | Is there a written health and safety policy for the venue? | Yes/No |
| 3 | Is there a fire certificate in operation? | Yes/No |
| 4 | Are fire exits marked and kept clear? | Yes/No |
|  | * If the premises are to be used in the evenings, are **all** fire exits adequately lit inside and outside the building to ensure safe exit from the building in the event of a fire? | Yes/No |
| 5 | Are evacuation notices displayed? | Yes/No |
| 6 | State location of assemble point. | Location  …………………………… |
| 7 | Are fire extinguishers available? | Yes/No |
| 8 | Have they been serviced within the last 12 months? | Yes/No |
| 9 | Is the health and safety law poster displayed? | Yes/No |
| 10 | Is there ready access to a first aid box (and is it adequately stocked)? | Yes/No |
| 11 | Is there a first aider available at time classes will be running? | Yes/No |
| 12 | Is there access to a telephone in event of emergency? | Yes/No |
| 13 | Are accident procedures known and report forms available? | Yes/No |
| 14 | Are there adequate welfare facilities (male/female toilets, washing facilities, eating facilities etc)? | Yes/No |
| 15 | Is the venue clean and hygienic? | Yes/No |
| 16 | Is there adequate ventilation? | Yes/No |
| 17 | Is there adequate lighting? | Yes/No |
| 18 | Is the furniture safe and arranged in a safe manner? | Yes/No |
| 19 | Have adequate steps been taken to prevent slipping and tripping hazards? | Yes/No |
| 20 | Do learners use or have access to or use electrical equipment? If yes please provide date of last PAT test | Yes/No  DATE………………… |
| 21 | Do learners use or have access to machinery? If yes please provide details of last service and by whom it was carried out. | Yes/No  DETAILS………………… |
| 22 | Is the electrical installation regularly inspected by a competent electrician and records kept by the venue provider? (provide date of last test) | Yes/No  DATE………………… |



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| 23 | Are there adequate plug sockets available for electrical equipment? | Yes/No |
| 24 | If extension leads must be used, are they approved type, PAT tested and regularly visually inspected for defects? | Yes/No |
| 25 | If the gas installation/gas boiler regularly inspected by a competent engineer and records kept? (provide last date of inspection) | Yes/No  DATE…………………… |
| 26 | Are there clear instructions available for learners and tutors in the arrangements and procedures to be followed in an emergency? | Yes/No |
| 27 | Are there adequate arrangements in place with regard to personal security? | Yes/No |
| 28 | Will learners have access to hazardous substances during their learning programme? If yes are relative COSHH procedures in place? | Yes/No  COSHH? Yes/No |
| 29 | Does the venue provider have a completed risk assessment for hiring out premises to members of the public and any other relevant risk assessments eg Fire? | Yes/No  (**see copy**) |
| 30 | Are you satisfied that the venue is suitable for the provision of learning to be provided and standards sufficient to ensure the Health and safety of employees and learners? | Yes/No |

**Venue Accessibility**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Symbol** | **Meaning** | **Available** | **Symbol** | **Meaning** | **Available** |
| **arrow** | **Lift** |  | **disabled_toilet** | **Wheelchair accessible toilet** |  |
| **Symbol** | **Meaning** | **Available** | **Symbol** | **Meaning** | **Available** |
| **hearing_loop** | **Hearing loop** |  | **parking** | **Car parking** |  |
| **Symbol** | **Meaning** | **Available** | **Symbol** | **Meaning** | **Available** |
| **sight_friendly** | **Sight friendly** |  | **transport** | **On public transport route** |  |
| **Symbol** | **Meaning** | **Available** | **Symbol** | **Meaning** | **Available** |
| **stairs** | **Stairs** |  | **wheel** | **Wheel accessible** |  |
| **Symbol** | **Meaning** | **Available** |
| disabled_parking | **Disabled Parking** |  |

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| --- | --- | --- |
| **Any Actions To Be Taken:** | **By Whom:** | **By When:** |
|  |  |  |
|  |  |  |

Is the venue suitable to host Adult Education sessions: **YES/NO**

**SIGNED**: …………………………….……………….…….. **POSITION**: ……………………………………………

**DATE OF CHECK**: …………………………….…………………………………………

