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. Use 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.

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| Event Name: |
| Event Date: |
| Location: |
| Expected number of attendees: |

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| 1. **BEFORE THE EVENT** |  |
| |  |  |  | | --- | --- | --- | | SITE ENTRANCES & EXITS | YES | NO | | Are entrances/exits clear |  |  | | Are staff/stewards in place |  |  | | Can emergency vehicles gain access |  |  | | Are pedestrians segregated from vehicles |  |  | | Are security precautions in place |  |  | | Have adequate signage been provided |  |  | | SITE CONDITION | YES | NO | | Is site free from tripping hazards e.g. cables, potholes, footpath defects etc |  |  | | Are permanent fixtures in good condition e.g. seats, fencing, signage etc |  |  | | Has vegetation been cut back, debris removed and has the area been made safe |  |  | | Have current weather conditions created new hazards to be addressed |  |  | | ATTRACTIONS / ACTIVITIES/STRUCTURES | YES | NO | | Have all structures been completed |  |  | | have all structures been inspected and approved by a competent person where required |  |  | | Have all activities/attractions been sighted and correctly checked |  |  | | Have all activities/attractions supplied evidence of insurance and health and safety requirements |  |  | | Are all potentially hazardous activities separated and/or fenced as required |  |  | | Have temporary flags/decorations been installed correctly and checked |  |  | | Have any new hazards been introduced |  |  | | EVENT PROVISIONS | YES | NO | | Is fire fighting equipment in place |  |  | | Is lighting in place where required |  |  | | Are first aid facilities in place |  |  | | Have electrical supplies/equipment been checked/certified |  |  | | Have toilets been provided where required |  |  | | Is control centre in place and public address system working |  |  | | Are adequate waste bins in place |  |  | | Are stewards in place |  |  | | DEFECTS NOTED: | | | | ACTIONS TAKEN: | | | | PRINT NAME (INSPECTOR):  SIGNATURE:  DATE & TIME OF INSPECTION: | | | |  |
|  |  |
| 1. **DURING THE EVENT** |  |



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| |  |  |  | | --- | --- | --- | | SITE ENTRANCES & EXITS | YES | NO | | Are entrances/exits clear |  |  | | Are staff/stewards in place |  |  | | Can emergency vehicles gain access |  |  | | Are pedestrians segregated from vehicles |  |  | | Are security precautions in place |  |  | | Have adequate signage been provided |  |  | | SITE CONDITION | YES | NO | | Is site free from tripping hazards e.g. cables, potholes, footpath defects etc |  |  | | Are permanent fixtures in good condition e.g. seats, fencing, signage etc |  |  | | Has vegetation been cut back, debris removed and has the area been made safe |  |  | | Have current weather conditions created new hazards to be addressed |  |  | | ATTRACTIONS / ACTIVITIES / STRUCTURES | YES | NO | | Have all structures been completed |  |  | | have all structures been inspected and approved by a competent person where required |  |  | | Have all activities/attractions been sighted and correctly checked |  |  | | Have all activities/attractions supplied evidence of insurance and health and safety requirements |  |  | | Are all potentially hazardous activities separated and/or fenced as required |  |  | | Have temporary flags/decorations been installed correctly and checked |  |  | | Have any new hazards been introduced |  |  | | EVENT PROVISIONS | YES | NO | | Is fire fighting equipment in place |  |  | | Is lighting in place where required |  |  | | Are first aid facilities in place |  |  | | Have electrical supplies/equipment been checked/certified |  |  | | Have toilets been provided where required |  |  | | Is control centre in place and public address system working |  |  | | Are adequate waste bins in place |  |  | | Are stewards in place |  |  | | DEFECTS NOTED: | | | | ACTIONS TAKEN: | | | | PRINT NAME (INSPECTOR):SIGNATURE:DATE & TIME OF INSPECTION: | | | |
| 1. **AFTER THE EVENT** |



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| |  |  |  | | --- | --- | --- | | EXHIBITORS / ATTRACTIONS | YES | NO | | Have all the attractions been dismantled and removed |  |  | | Have all the exhibitors left the venue |  |  | | Have all the vehicles lft the venue |  |  | | TEMPORARY FACILITIES | YES | NO | | Has all the equipment been dismantled and removed |  |  | | Have all the structures been dismantled and removed |  |  | | Have temporary markers such as stakes, ropes, flags etc been removed |  |  | | Have all holes/trenches been made good |  |  | | Have all temporary electrical installations been isolated and made safe |  |  | | WASTE COLLECTION | YES | NO | | Has all waste been collected satisfactorily |  |  | | Has all waste been removed from the site |  |  | | Have all residue fire hazards been checked e.g. fireworks, bonfires |  |  | | VENUE CONDITION | YES | NO | | Has any damage to permanent facilities, buildings or the ground been reported |  |  | | Has any damage been found during inspection |  |  | | If the answer to either of the above is yes, them describe the damage briefly below: | | | | | | INCIDENTS/ACCIDENTS | YES | NO | | Where any incidents/accidents reported during the event |  |  | | ACTIONS TAKEN:  (Note any damage found and action taken to deal with it). | | | | PRINT NAME (INSPECTOR):  SIGNATURE:  DATE & TIME OF INSPECTION: | | | |  |