

Safety inspection forms

Walk-through safety inspections should be carried out immediately prior to, during and after then 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.

Before the event

Location:

Event:

Name:

Please tick

1: Site access/egress	Yes	No
Is your event Licenced and with a site permissions agreement?		
Have you gained bylaw consent?		
Are entrances clear and lit?		
Can emergency vehicles gain access?		
Are pedestrians segregated from vehicles?		
Are security and steward precautions in place and briefed?		
Have adequate signs been provided and maps shared?		
Have unanticipated hazards been introduced?		

Please tick

2: Event provisions	Yes	No
Are adequate first aid facilities in place?		
Are fire safety measures in place?		
Held an emergency plan exercise to test the plan?		
Have electrical supplies / equipment been checked / certified?		
Have adequate welfare facilities: e.g. toilets, lighting and waste?		
Clear provision for the strategic management of an incident?		
Clear communication and chain of command between stakeholders?		

Before the event

Please tick

3: Site condition	Yes	No
Have service checks been carried out prior to any ground digging or pegs being driven into ground?		
Is the site free from tripping hazards e.g. cables, potholes, footpath, defects etc.?		
Are permanent fixtures in good condition e.g. seats fencing signage, ground condition, water and power points etc?		
Has vegetation been cut back, debris removed and the area made safe and clear?		
Have current weather conditions created new hazards to be addressed?		
Is appropriate flooring being used to protect the ground?		
Are there any areas sectioned off due to poor ground conditions?		

Please tick

4: Attractions/activities/structures	Yes	No
Have all activities /attractions supplied evidence of insurance and health and safety requirements?		
Are all potentially hazardous activities segregated and/or fenced as required?		
Have all temporary structures and equipment been inspected and approved by a competent person where required?		
Have all structures been completed and crowd barrier installed to create safe secure areas?		
Have temporary flags/décor been installed correctly and checked?		
Are all activities /attractions sited correctly and checked?		

5: Defects noted – before the event

Remedial action taken:

Location

Date/time of inspection

Printed name of inspector

Signature

NOTES

During the event

Location:

Event:

Name:

1: Site access/egress	Yes	No
Have staff been briefed on event evacuation procedures?		
Have risk assessments been updated and incidents logged?		
Can emergency vehicles gain access?		
Are pedestrians segregated from vehicles?		
Are security precautions in place?		
Have adequate signs been provided?		
Is Traffic Management staff managing the traffic flow?		

2: Event provisions	Yes	No
Is fire fighting equipment at relevant positions with trained staff?		
Are the needs of disabled people being met?		
Are electrical supplies / equipment being monitored?		
Is there a communications system between key people and the audience?		
Is their functioning information and or lost persons/property point/s?		
Are there adequate welfare provisions provide toilets, water?		
Are Stewards /Security managing the crowd flow of people?		

During the event

3: Site condition	Yes	No
Is the site free from tripping hazards e.g. cables, potholes, footpath, defects etc?		
Are permanent fixtures in good condition e.g. seats fencing signage, ground condition, water and power points etc?		
Are all routes clear?		
Have weather conditions created new hazards to be addressed?		
Have current weather conditions created new hazards to be addressed?		
Is appropriate flooring being used to protect the ground?		

4: Attractions/activities/structures	Yes	No
Are activities /attractions, being safely managed?		
Are all potentially hazardous activities segregated and/or fenced as required?		
Any change with temporary structures?		
Are noise levels being monitored?		
Have temporary flags/décor been checked?		

5: Defects noted – during the event	
Remedial action taken:	Location
	Date/time of inspection
	Printed name of inspector
	Signature
	NOTES

After the event

Location:

Event:

Name:

1: Exhibitors/attractions	Yes	No
Have all attractions been dismantled and removed?		
Have all exhibitors vacated the venue?		
Have all vehicles left the venue?		

3: Temporary facilities	Yes	No
Have all equipment been dismantled and removed?		
Have all structures been dismantled and removed?		
Have any temporary markers such as stakes, flags etc. been removed?		
Have any holes/trenches etc. been made good?		

2: Waste collection	Yes	No
Has the waste been collected satisfactorily across the site?		
Has all the waste been removed from the site?		
Has all residue fire hazards been checked e.g. fireworks & bonfires?		

4: Venue condition	Yes	No
Has any damage to permanent facilities/buildings been reported?		
Has any damage to permanent ground/nature been reported?		
Has any damage been found during the inspection?		
Has all residue fire hazards been checked e.g. fireworks & bonfires?		

5: Defects noted – after the event	
Remedial action taken:	Location
	Date/time of inspection
	Printed name of inspector
	Signature
	NOTES

Incidents/accidents

Location:

Event:

Name:

Incidents/accidents	Yes	No
Where any incidents/accidents reported during the event?		

If yes describe briefly below. (If there was personal injury then please complete an **Accident Report Form** and return to the council).

	Yes	No		Yes	No
Was there a safety plan for this event?			Were emergency procedures properly explained and practiced?		
Were the emergency services and other agencies consulted?			Was there a clear chain of command and control?		
Were risk assessments complete?			Were communications between key personnel and the crowd adequate?		
Had appropriate licenses been obtained			Had stewards and event organisers received appropriate training?		
Did you keep detailed logs as the event organiser?					
Were evacuation routes clearly signed?					

Brief description of incident/accident:	Location:	
	Date/time of inspection:	
Remedial action taken: <i>(please advise the council of any damage found and remedial action taken)</i>	Printed name of inspector:	
	Signature:	

Accident report form

Event:	Event date:	Name of injured person:
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This form is only to be completed by the Event Organiser or their representative and not by the person suffering the loss or injury.

Details of injured person

Surname:	Forename:	Date of birth:
Address (including postcode):		
Email:		Telephone:
Employee <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Entertainer <input type="checkbox"/>
Contractor <input type="checkbox"/>	Member of the public <input type="checkbox"/>	Other <input type="checkbox"/>
<i>Please tick ✓ relevant boxes</i>		
Date and time of accident:	Date and time reported:	Person reported to:
Details in accident book? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Details of injury/action

Details of injury (specific left or right side) and/or loss or damage:

Details of action taken:

Assisted by event representative: *(please give name)*

First aid administered:

Ambulance called: Yes No

Taken to hospital: Yes No

Name and address of hospital attended:

Taken home: Yes No

Circumstances of accident and location:

Please give details:

Name and address of witness:

Person completing this form:

Surname:

Forename:

Address (including postcode):

Email:

Telephone number:

Signature: