

England Darts Organisation Ltd



EDO Venue Safety Inspection Checklist





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(before, during and after the event)

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

Location :

Venue Access / Egress

	Prior to Event	
	Yes	No
• Are entrances/exits clear?	<input type="checkbox"/>	<input type="checkbox"/>
• Can emergency personnel gain access?	<input type="checkbox"/>	<input type="checkbox"/>
• Is disabled access available?	<input type="checkbox"/>	<input type="checkbox"/>
• Have adequate signs been provided?	<input type="checkbox"/>	<input type="checkbox"/>

Venue condition

• Is route to and from the venue free from tripping hazards e.g. cables, potholes, footpath defects etc?	<input type="checkbox"/>	<input type="checkbox"/>
• Are permanent fixtures in good condition e.g. seats, fencing, signage etc?	<input type="checkbox"/>	<input type="checkbox"/>
• Is temperature within the building acceptable? e.g., extreme heat or cold in the venue	<input type="checkbox"/>	<input type="checkbox"/>



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Venue assessment

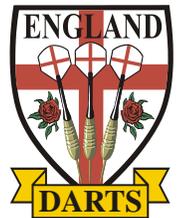
- | | Yes | No |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Is there any ongoing maintenance work which may affect the event? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has all the equipment been inspected and approved by a competent person where required? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are all signs sited correctly and checked? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have both parties provided evidence of insurance and risk assessments? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are all potentially hazardous routes to the stage segregated and/or fenced as required? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have temporary cable covers been installed correctly and checked? | <input type="checkbox"/> | <input type="checkbox"/> |

Event provisions

- | | | |
|--------------------------------------------------------------|--------------------------|--------------------------|
| • Is fire fighting equipment in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is lighting in place where required? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have electrical supplies/equipment been checked/certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have toilets been provided where required? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are first aid facilities in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the public address system working? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stewards required? | <input type="checkbox"/> | <input type="checkbox"/> |



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Defects noted:

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Remedial action taken:

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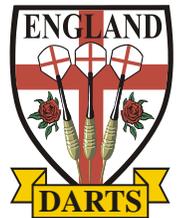
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Print Name of Assessor:

Signature:

Date & Time of Inspection:



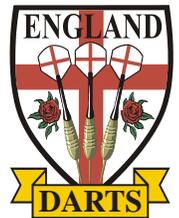
During the Event

Venue access/egress

	Yes	No
• Are entrances/exits clear?	<input type="checkbox"/>	<input type="checkbox"/>
• Are staff/stewards in place?	<input type="checkbox"/>	<input type="checkbox"/>
• Can emergency personnel gain access?	<input type="checkbox"/>	<input type="checkbox"/>
• Have adequate signs been provided?	<input type="checkbox"/>	<input type="checkbox"/>
• Is venue free from tripping hazards cables, carpet floor? Defects etc?	<input type="checkbox"/>	<input type="checkbox"/>
• Are permanent fixtures in good condition e.g. seats, fencing, signage etc?	<input type="checkbox"/>	<input type="checkbox"/>
• Have current weather conditions created new issues to be addressed? e.g., extreme heat or cold in the venue	<input type="checkbox"/>	<input type="checkbox"/>
• Is there any ongoing maintenance work which may affect the event?	<input type="checkbox"/>	<input type="checkbox"/>
• Has all new equipment been inspected and approved by a competent person where required?	<input type="checkbox"/>	<input type="checkbox"/>
• Are all signs sited correctly?	<input type="checkbox"/>	<input type="checkbox"/>
• Are all potentially hazardous routes to the stage segregated and/or fenced as required?	<input type="checkbox"/>	<input type="checkbox"/>
• Are temporary cable covers installed correctly?	<input type="checkbox"/>	<input type="checkbox"/>
• Is fire fighting equipment in place?	<input type="checkbox"/>	<input type="checkbox"/>
• Is lighting in place where required?	<input type="checkbox"/>	<input type="checkbox"/>
• Has any new electrical equipment being used if so, is it certified	<input type="checkbox"/>	<input type="checkbox"/>



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Defects noted:

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Remedial action taken:

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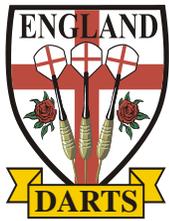
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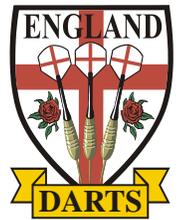
Print Name of Auditor:

Signature:

Date & Time of Inspection:



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After the Event

- | | Yes | No |
|--------------------------------------------------------------------------|--------------------------|--------------------------|
| • Has all equipment been dismantled and removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have all stage structures been dismantled and removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have temporary barriers been removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have all temporary electric installations been isolated and made safe? | <input type="checkbox"/> | <input type="checkbox"/> |

Waste collection

- | | | |
|------------------------------------------------|--------------------------|--------------------------|
| • Has all waste been collected satisfactorily? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------|--------------------------|--------------------------|

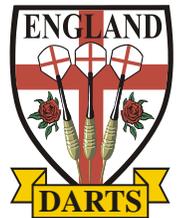
Venue condition

- | | | |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Has any damage to permanent facilities, buildings or the ground been reported? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has any damage been found during inspection? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either of the above is yes, then describe briefly below



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Incidents/ Accidents

Yes

No

• Were any incidents/accidents reported during the event?

If yes describe briefly below.

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Remedial action taken:

(please advise the venue owner of any damage found and remedial action taken)

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Print name of Auditor

Signature

Date of inspection