

Daily Safety Inspection Sheet

Use this sheet before and/or during the event – if the answer to any of the questions below is 'NO' take immediate action to rectify it.

ACCESS / EGRESS

- Are entrances / exits clear?
- Are stewards / staff in place?
- Can emergency vehicles gain access?
- Are pedestrians segregated from vehicles?
- Are security precautions in place?
- Are car parking arrangements in place?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

SITE CONDITIONS

- Is the site free of tripping/other hazards?
- Are seats, stalls, fencing in good condition?
- Given current weather, are all measures in place?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ATTRACTIONS / ACTIVITIES / STRUCTURES

- Have all structures been completed and secured?
- Have all attractions been sited correctly?
- Have all attendees supplied relevant documentation?
- Are all hazardous activities secured / fenced off?
- Are all cables / ropes etc routed correctly?

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EVENT PROVISION

- Is firefighting equipment in place?
- Is the lighting suitable / sufficient?
- Has electrical supply / equipment been checked / certified?
- Have temporary toilets been installed where required?
- Are first aid facilities in place?
- Is control centre in place and ready?
- Is communication system working?
- Are there enough waste bins?
- Are welfare arrangements in place?

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ADDITIONAL COMMENTS

NAME _____

DATE / TIME _____