

Pre-event Checklist

This list is not necessarily exhaustive, and you may want to add other specific activities for your own event.

1. Have you got public liability insurance?

Done by Whom By When

For the event itself Completed To do

Have contractors, stall holders, performers got their own insurance, (*where applicable*) Completed To do

2. Are you employing people? if 'yes' have you considered:

Done by Whom By When

Employers liability insurance Completed To do

Health and Safety at Work etc Act 1974 and other relevant regulations Completed To do

3. Where is the event taking place? Have you considered:

Done by Whom By When

Local community, (*noise, traffic, litter*) Completed To do

Access / egress to / from venue, (*event participants, public, emergency services, fencing*) Completed To do

Car parking / traffic, (*routes, stewarding, signage, spaces, suitability, barriers*) Completed To do

Existing hazards, (*soft ground, power cables, water hazards, traffic*) Completed To do

4. When is the event taking place? Have you considered:

Done by Whom By When

Time of year, (*poor weather*) Completed To do

Other competing events, (*festivals, fetes, sporting events etc*) Completed To do

Day of week, Time of day, (*public transport, lighting, noise levels*) Completed To do

5. Who is likely to attend the event? Have you considered:

| | | | |
|---|------------------------------------|--------------------------------|----------------------|
| Done by Whom | <input type="text"/> | By When | <input type="text"/> |
| Likely numbers / types of attendees (<i>gender, age, interests, expectations</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Specific needs, (<i>disabled facilities, toilets, parking, shelter, drinking water etc</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |

6. What type of event is it? Have you considered:

| | | | |
|--|------------------------------------|--------------------------------|----------------------|
| Done by Whom | <input type="text"/> | By When | <input type="text"/> |
| Licensing Requirements | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Specific hazards, (<i>fire, vehicles, electricity, rides etc</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Types of activities, specialist equipment, (<i>bouncy castles, music, rides, amusements etc</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |

7. What are the emergency arrangements? Have you considered:

| | | | |
|--|------------------------------------|--------------------------------|----------------------|
| Done by Whom | <input type="text"/> | By When | <input type="text"/> |
| Fire prevention and firefighting, (<i>see useful contacts sheet</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| First Aid Provision, (<i>see useful contacts sheet</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Police Scotland, (<i>see useful contacts sheet</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Others, (<i>Highways, waste, on-site communications, command centre, public address, stewards</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |

8. What are the welfare arrangements? Have you considered:

| | | | |
|---|------------------------------------|--------------------------------|----------------------|
| Done by Whom | <input type="text"/> | By When | <input type="text"/> |
| Number of sanitary conveniences | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Maintenance / location of toilet facilities | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Provision of wholesome drinking water | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Provisions for lost property / children | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |
| Baby changing facilities | <input type="checkbox"/> Completed | <input type="checkbox"/> To do | |

9. Stewarding? Have you considered:

| Done by Whom | | By When |
|--|------------------------------------|--------------------------------|
| Money handling arrangements and security | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Numbers, types, locations, identification, protective clothing | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Competence and training | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Event briefing, familiarisation | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Communication, (<i>two-way radio, PA system, mobile phones, signage</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Equipment, (<i>site plan, torch, instructions</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |

10. Traffic / Vehicles? Have you considered:

| Done by Whom | | By When |
|--|------------------------------------|--------------------------------|
| Segregation of vehicles from pedestrian | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Separate entrances for vehicles / pedestrians | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Emergency vehicle access | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Location and layout of parking facilities, (<i>including stewarding</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Signage and directions | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Any necessary permissions, (<i>where event is on or affects a highway</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |

11. Are you providing Food? Have you considered:

| Done by Whom | | By When |
|---|------------------------------------|--------------------------------|
| Are caterers registered with own food authority, (<i>can they prove it</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Do they have a Food Hygiene Inspection Scheme Pass certificate(<i>can the prove it</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Are all staff trained - do they have certificates | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Where are they to be located, (<i>prevent risks from fires, queues</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |
| Do you need advice from Midlothian Environmental Health, (<i>see useful contacts</i>) | <input type="checkbox"/> Completed | <input type="checkbox"/> To do |

12. What are the arrangements for clearing up? Have you considered:

| Done by Whom | | By When | |
|--|------------------------------------|---------|--------------------------------|
| Who is going to clear up, <i>(when, how, equipment)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |
| Rubbish / litter collection and removal, <i>(prior to, during, after the event)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |
| Special requirements, <i>(sharps disposal, sanitary products / nappies, dog waste)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |

13. What facilities are being used? Have you considered:

| Done by Whom | | By When | |
|--|------------------------------------|---------|--------------------------------|
| Portable gas / electrical appliances, <i>(tests and certificates, residual current breakers)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |
| Hired equipment, <i>(bouncy castles – test certificates)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |
| Generators, <i>(fuel type, safety barriers / fencing, cable connections / channels / covers)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |

14. Do you have a Contingency Plan? Have you considered:

| Done by Whom | | By When | |
|---|------------------------------------|---------|--------------------------------|
| Extreme weather, <i>(matting, windproof structures, waterproof equipment)</i> | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |
| Cancellation/postponement / alternative arrangements and procedures | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |
| Appropriate insurance cover for damage, cancellation, etc. | <input type="checkbox"/> Completed | | <input type="checkbox"/> To do |

15. Additional notes: