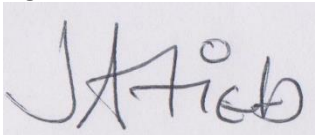




VENUE RISK ASSESSMENT

Please complete and sign to agree that this is an accurate record of the assessment undertaken.

Assessment undertaken by:

Name: JULIANNE FIELD	Date: 23/5/23
Job title: CENTRE MANAGER	Signed: 
Health & Safety Qualifications (if applicable):	

Venue details:

Venue name:	BUGBROOKE COMMUNITY CENTRE	Approximate number of employees:	2
Nature of venue:	COMMUNITY CENTRE		
Venue address:	CAMP CLOSE, BUGBROOKE, NN7 3RW		
Type of courses held at venue (please tick):	Arts & Craft:	Y	Main contact: J.FIELD Tel: 07572201484
	General:	Y	Daytime H&S/emergency contact: Tel: 07391909205
	Physical Activity:	Y	Evening H&S/emergency contact: Tel: 07785921958
Any enforcement action: (Prosecution, Notices)	NONE		

Health & Safety committee / representation	Julianne Field (Temporary until replacement found)
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Health & Safety Policy:

1		Yes / No	Evidence/Comments
A	Is there a Health & Safety Policy? (if more than 5 employees this needs to be recorded in writing) If the venue is operated by Northamptonshire County Council (NCC) please state,	YES	
B	For non NCC venues, are the individual responsibilities clearly stated?	YES	
C	Are arrangements for health and safety clearly stated (recorded when 5 or more employees)?	YES	
D	How are the commitment, responsibilities and arrangements for health & safety (in 1A – 1C above) communicated to employees?	VERBALLY	
E	Does the employer review health and safety annually?	YES	
F	Does the employer display the necessary signs and notices?	YES	

Risk assessment & control:

2		Yes / No	Evidence/Comments
A	Have risk assessments been carried out and significant risks identified? Please provide evidence of these risk assessments.	YES	Double red lines to be added to rear of the building to prevent parking on the road.
B	Have any significant findings, and details of any groups identified as being especially at risk, been recorded	NO	
C	Have control measures been identified and put in place as a result of the risk assessments?	N/A	
D	Do the risk assessments take into account vulnerable persons, including giving consideration to their age, inexperience, immaturity and lack of awareness of risks?	YES	

E	Give details of the risks and control measures relating to the occupations and the specific activities carried out in the workplace.	MOVEMENT OF CHAIRS & TABLES REQUIRE CORRECT EQUIPMENT TO AVOID INJURY TO BACKS AND HANDS	
F	How are the risks and control measures explained to employees and others?	VERBALLY/DEMONSTATION/Written guidelines	
G	Are risk assessments reviewed e.g. in light of the findings from monitoring activities?	YES	

Accidents, incidents & first aid:

3		Yes / No	Evidence/Comments
A	Have adequate arrangements for first aid materials/access to a first aid box been made? If so, where is the first aid box located?	YES	KITCHEN along with the Accident book
B	Have adequate arrangements for trained first aid persons been made? Are they contactable?		NO TRAINED FIRST AIDER ON SITE BUT ONE AVAILABLE BY PHONE
C	Are accidents and first aid treatment recorded?	YES	
D	Are, or will, all legally reportable learner accidents, incidents and ill-health be reported to the enforcing authority and the Learning and Skills Council and will they be investigated to enable suitable remedial action to be taken?	YES	
E	Manual Handling – Is there access to any manual handling equipment such as trolleys or additional staff if necessary?	YES	Chair trolleys for moving chairs, and trolley for the tables
F	Is electrical equipment PAT tested, and is damaged equipment removed?	YES	

Work equipment & machinery:

4		Yes / No	Evidence/Comments
A	Is correct machinery and equipment provided to the appropriate standards where applicable?	N/A	
B	Is equipment adequately maintained and stored safely away from the activity area where applicable?	N/A	
C	Are guards and control measures in place as determined through risk assessment where applicable?	N/A	
D	Are safe electrical systems and equipment provided and maintained?	N/A	

Fire precautions:

5		Yes / No	Evidence/Comments
A	Is there more than one emergency exit?	YES	10 exits from the buildings from all side of the building
B	Is there a fire alarm and emergency lighting? If there is no fire alarm, is there a process for alerting building users – please provide evidence of this.	YES	
C	Are there clearly signed emergency routes and exits. Exit doors that are free from obstructions and are easily opened	YES	
D	Are clear fire instructions displayed?	YES	
E	Is there access to a telephone to make 999 calls?	NO	MOBILE PHONES OWNED BY EVERYONE THESES DAYS
F	Are fire extinguishers provided? Where are they located?	YES	ALL AROUND THE BUILDING
G	What do you have in place in regards to escape for all people in the building, including disabled users (e.g. standard evacuation plans). Please provide copies of plans/procedures		FIRE ALARMS, MULTIPLE FIRE ESCAPE DOORS IN ALL ROOMS/HALLWAYS, EMERGENCY LIGHTING, FIRE EXTINGUISHES, SIGNS OVER EMERGENCY DOORSSIGNS WITH INSTRUCTIONS ON WHAT TO DO IN THE EVENT OF FIRE

Safe and healthy working environment:

6		Yes / No	Evidence/Comments
A	Are premises (structure, fabric, fixtures and fittings) safe and healthy (suitable, maintained and kept clean)?	YES	Currently looking to replace the existing fire doors with more modern design.
B	Is the working environment (temperature, lighting, space, ventilation, noise) an appropriate safe and healthy one?	YES	
C	Are welfare facilities (toilets, washing, drinking water, eating, changing) provided as appropriate and maintained?	YES	
D	Is exposure to hazards from physical, chemical and biological agents	N/A	

	adequately controlled? If yes, how is it controlled?		
E	If we require table and chairs to be set out or cleared away will your staff carry this out?	YES	
F	Will there be a member of staff available for security whilst we are using your venue?		MAY NOT ALWAYS BE IN THE BUILDING CAN BE CONTACTED BY PHONE
G	Is there a well-lit car park area adjacent to your building for our use?	YES	

Insurance:

7		Yes / No	Evidence/Comments
A	Does the venue have current liability insurance and other insurance in place as appropriate to the business undertaking?	YES	Insurer's name: AVIVA Policy number: 24166446CHC/VH 88/0047440/BS69889 Renewal Month: MARCH Insurer informed of learners? (delete as appropriate): YES
	Approved By (please print name):	JULIANNE FIELD	

Assessment outcome: (for office use – do not complete)

Date Received:	
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Recommendation:	Accept <input type="checkbox"/>	Accept with action plan <input type="checkbox"/>	Reject <input type="checkbox"/>
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Risk category:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
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Checked:	<input type="checkbox"/>
On Terms:	<input type="checkbox"/>
Scanned :	<input type="checkbox"/>

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