

Silloth-on-Solway Town Council

Council Safety

Monitoring Checklist

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

Event and Location:

Before the Event

Site Access/Egress	Yes	No	Action Needed
• Are entrances/exits clear?	<input type="checkbox"/>	<input type="checkbox"/>
• Can emergency vehicles gain access?	<input type="checkbox"/>	<input type="checkbox"/>
• Can pedestrians be segregated from vehicles?	<input type="checkbox"/>	<input type="checkbox"/>

Site Condition	Yes	No	Action Needed
• Is site 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"/>
• Will permanent fixtures create an additional hazard?	<input type="checkbox"/>	<input type="checkbox"/>
• Has vegetation been cut back, debris removed and the area safe?	<input type="checkbox"/>	<input type="checkbox"/>
• Will weather conditions create new hazards?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there overhead hazards, e.g electricity cables?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there an open water course?	<input type="checkbox"/>	<input type="checkbox"/>

Event Provisions	Yes	No	Action Needed
• Is additional lighting needed?	<input type="checkbox"/>	<input type="checkbox"/>
• Have electrical supplies/equipment been	<input type="checkbox"/>	<input type="checkbox"/>

checked/certified?

• Are sufficient toilets available?

• Are adequate waste bins in place?

Printed Name of Inspector:

Signature:

Date & Time of Inspection:

Beginning of the Event

Site Access/Egress

- | | Yes | No | Action Needed |
|---|--------------------------|--------------------------|---------------|
| • Are entrances/exits clear? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Are staff/stewards in place? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Can emergency vehicles gain access? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Are pedestrians segregated from vehicles? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Are security precautions in place? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Have adequate signs been provided? | <input type="checkbox"/> | <input type="checkbox"/> | |

Site Condition

- | | Yes | No | Action Needed |
|---|--------------------------|--------------------------|---------------|
| • Is site 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"/> | |
| • Has vegetation been cut back, debris removed and the area made safe? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Has current weather conditions created new hazards to be addressed? | <input type="checkbox"/> | <input type="checkbox"/> | |

Attractions/Activities/Structures

- | | Yes | No | Action Needed |
|---|--------------------------|--------------------------|---------------|
| • Have all structures been completed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Have all structures been inspected and approved by a competent person where required? | <input type="checkbox"/> | <input type="checkbox"/> | |

- Are all activities/attractions sited correctly and checked?
- 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 temporary flags/decorations been installed correctly and checked?
- Have any unanticipated hazards been introduced?

Event Provisions

Yes No Action Needed

- Is fire fighting equipment in place?
- Is lighting in place where required?
- Have electrical supplies/equipment been checked/certified?
- Have toilets been provided where required?
- Are first aid facilities in place?
- Is control centre in place and public address system working?
- Are adequate waste bins in place?
- Are stewards in place?

Printed Name of Inspector:

Signature:

Date & Time of Inspection:

After the Event

Exhibitors/Attractions

Yes No Action Needed

- Have all attractions been dismantled and removed?
- Have all exhibitors vacated the venue?

- Have all vehicles left the venue? Yes No

Temporary Facilities



- Has all equipment been dismantled and removed? Yes No
- Have all structures been dismantled and removed? Yes No
- Have temporary markers such as stakes, ropes, flags etc been removed? Yes No

Exhibitors/Attractions



- Have any holes/trenches etc been made good? Yes No
- Have all temporary electric installations been isolated and made safe? Yes No

Waste Collection

- Has all waste been collected satisfactorily? Yes No
- Has all waste been removed from the site? Yes No
- Have all residue fire hazards been checked, e.g fireworks, bonfires? Yes No

Venue Condition

- Has any damage to permanent facilities, buildings or the ground been reported? Yes No
- Has any damage been found during inspection? Yes No

Incidents/Accidents

- Were any incidents/accidents reported during the event? Yes No

Printed Name of Inspector:

Signature:

Date & Time of Inspection: