

VENUE DETAILS

Consortium Member Name	
Training Venue Address	
Assessors Name	
Date of Assessment	

RISK ASSESSMENT

What are the hazards? (E.g. trip hazards, falling objects)	
Who may be harmed and how? (E.g. candidates, members of the public)	
Evaluate risks and take precautions (What is already in place? What else may be done?)	
Record findings and implement them (E.g. remove hazard, deliver a safety briefing)	
Review assessment and update regularly (Assessment must be reviewed after any incident)	

VENUE FACILITIES (PLEASE COMPLETE YES OR NO AS REQUIRED)

Fire Exits		Sufficient Tables & Chairs	
Smoking Area		Adequate Lighting	
Breakout/Rest Area		Ventilation/Heating	
Toilets – Male & Female		No External Distractions	
Classroom Size (Dimensions)		Maximum Seating Capacity	

EQUIPMENT AVAILABLE (PLEASE COMPLETE YES OR NO AS REQUIRED)

PC/Laptop		Drinking Water	
Projector		Whiteboard	
Screen		Flip Chart	
TV		Sufficient Power Points	
Refreshments		Lectern	

OTHER INFORMATION