



## HALL EVENTS

**Nature of event:**

**Date of event:**

Activity	Potential risk / injury	Measures to address risk (avoid / minimise)
Induction	Ignorance of potential risks	<ul style="list-style-type: none"> <li>• Ensure you have had induction – if not ask</li> </ul>
<b>General</b>	Fire / emergency	<ul style="list-style-type: none"> <li>• Explanation of fire exits will be given</li> <li>• Nominate a person to oversee evacuation</li> <li>• Identify attendees with mobility issues</li> <li>• Where appropriate a list of attendees</li> <li>• Mobile phone will be used to summon emergency services</li> </ul>
<b>Will tables / chairs have to be moved?</b>		
<b>Wet floors (slip hazard)</b>		
<b>Will specialist electrical equipment be used (e.g. projector; screen; special lighting) If it is yours have you checked it?</b>		
<b>Will the kitchen be used?</b> (spillages; hot beverages; cooker; dishwasher; cupboards) Have you had induction on use of kitchen, if not request it		
<b>Will the upstairs hall be used?</b> (be aware of access for those with mobility issues)		
<b>Will the event be attended by children / young people or persons with special needs?</b> (safeguarding measures)		
<b>Will the event be regular and will it involve children / young people / vulnerable adults?</b>		If yes – appropriate safeguarding policies and procedures exist.  Signed (organiser):  Date:

**Person completing assessment**

Name:

Signature:

Date:

**WVCA Hall Manager**

Signature:

Date: