



# FINGAL COUNTY COUNCIL SAFETY ADVISORY GROUP

## Public Event

### Form SAG004 – Safety Inspection Checklist

<b>EVENT:</b>			
<b>LOCATION:</b>		<b>DATE:</b>	



**PRE-EVENT**

COMPLETED BY: \_\_\_\_\_

**SITE ACCESS/EGRESS**

	Yes	No	Action Required	Completed (initial)
Are all personnel/ stewards/ volunteers in place?	<input type="checkbox"/>	<input type="checkbox"/>		
Are security precautions in place?	<input type="checkbox"/>	<input type="checkbox"/>		
Are any/all barriers in place?	<input type="checkbox"/>	<input type="checkbox"/>		
Are entrances/exits and routes clear?	<input type="checkbox"/>	<input type="checkbox"/>		
Can emergency vehicles gain access?	<input type="checkbox"/>	<input type="checkbox"/>		
Have adequate signs been provided?	<input type="checkbox"/>	<input type="checkbox"/>		
Are pedestrians segregated from vehicles?	<input type="checkbox"/>	<input type="checkbox"/>		

**SITE CONDITION**

	Yes	No	Action Required	Completed (initial)
Are general underfoot conditions adequate and free from slip and fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
Is site free from tripping hazards e.g. cables, pot holes, footpath defects etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
Are permanent fixtures in good condition eg seats, fencing, signage etc?	<input type="checkbox"/>	<input type="checkbox"/>		
Has any vegetation been cut back, debris removed and the area made safe?	<input type="checkbox"/>	<input type="checkbox"/>		
Have current weather conditions created any new hazards that need to be addressed?	<input type="checkbox"/>	<input type="checkbox"/>		

## ATTRACTIONS/ACTIVITIES/STRUCTURES

	Yes	No	Action Required	Completed (initial)
Have all suppliers, contractors, exhibitors etc. supplied evidence of insurance and health and safety documentation requirements?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all temporary structures been completed and construction certificate completed or provided?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all temporary structures been inspected and approved by an independent competent person where required?	<input type="checkbox"/>	<input type="checkbox"/>		
Have temporary dressings been fitted correctly and checked?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all event 'activities' sited correctly and checked?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all potentially hazardous activities segregated and/or fenced as required?	<input type="checkbox"/>	<input type="checkbox"/>		
Have any unanticipated hazards been introduced?	<input type="checkbox"/>	<input type="checkbox"/>		

## EVENT PERSONNEL

	Yes	No	Action Required	Completed (initial)
Are all event personnel including event management team, medical / first aid personnel, security/ stewards, volunteers in situ?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all event control room/unit personnel and radio operators in place, and all radio checks carried out with relevant personnel?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all event personnel fully briefed on all arrangements, in particular emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all necessary personnel familiar with the event management and the reporting structure?	<input type="checkbox"/>	<input type="checkbox"/>		

## EVENT PROVISIONS

	Yes	No	Action Required	Completed (initial)
Are all lighting provisions in place and functional?	<input type="checkbox"/>	<input type="checkbox"/>		
Have toilets been provided where required and accessible?	<input type="checkbox"/>	<input type="checkbox"/>		
Are medical / first aid facilities in place?	<input type="checkbox"/>	<input type="checkbox"/>		
Is event control room / unit functional?	<input type="checkbox"/>	<input type="checkbox"/>		
Are public address system /arrangements in place and working?	<input type="checkbox"/>	<input type="checkbox"/>		
Are adequate waste bins in place?	<input type="checkbox"/>	<input type="checkbox"/>		

## EVENT FIRE SAFETY CHECKS

Are all the following checked and certified (where applicable);	Yes	No	Action Required	Completed (initial)
Fire extinguishers and fire points?	<input type="checkbox"/>	<input type="checkbox"/>		
Exits (normal and emergency) – open, adequate widths and with visible signage?	<input type="checkbox"/>	<input type="checkbox"/>		
All routes clear and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>		
Fire retardant certs (marquees)? <i>Should be within past 5yrs.</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Furnishing and fittings certs?	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical certs for any installations and generators by competent person?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all generators diesel, earthed and barriered off?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all cable runs adequately secured and any trip hazards addressed?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all gas installation as per FCC Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>		
Installation cert for all gas installations by competent person?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all gas fire units at least 6m apart?	<input type="checkbox"/>	<input type="checkbox"/>		
Numbers of gas cylinders adequate, caged and secure with safety signage?	<input type="checkbox"/>	<input type="checkbox"/>		
Access to authorised areas adequately barriered off?	<input type="checkbox"/>	<input type="checkbox"/>		
Has each vendor receipt of fire safety guidelines?	<input type="checkbox"/>	<input type="checkbox"/>		
Does each unit have applicable individual firefighting and first aid equipment?	<input type="checkbox"/>	<input type="checkbox"/>		
Can emergency services access all applicable areas easily?	<input type="checkbox"/>	<input type="checkbox"/>		

## DEFECTS NOTED

Defect	Area	Action and By Whom	Completed and Signed off by?

**DURING EVENT**

COMPLETED BY: \_\_\_\_\_

These checks should be regularly carried out THROUGHOUT the event. Crowd movement must be continuously monitored.

**EVENT PROVISIONS**

	Yes	No	Action Required	Completed (initial)
Have all defects / issues established pre event been addressed and checked?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all personnel in place and aware of their respective responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all emergency service provisions in place?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all exits and routes still open, clear and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all underfoot conditions satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>		
Are weather conditions favourable for the event and continuously monitored?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all temporary structures visibly satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all necessary barriers still in place and functional?	<input type="checkbox"/>	<input type="checkbox"/>		
Is all fire-fighting equipment still in correct locations?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all generators visibly been checked?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all bins been emptied and excess waste removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all lighting appliances still functional?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all crowd movements sufficient? <i>Any issues must be addressed immediately.</i>	<input type="checkbox"/>	<input type="checkbox"/>		

**DEFECTS NOTED**

Defect	Area	Action and By Whom	Completed and Signed off by?

**POST EVENT**

COMPLETED BY: \_\_\_\_\_

**EXHIBITORS/ATTRACTIONS**

	Yes	No	Action Required	Completed (initial)
Have all event 'activities' ceased and attractions been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all exhibitors vacated the venue?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all vehicles left the venue?	<input type="checkbox"/>	<input type="checkbox"/>		

**TEMPORARY FACILITIES**

	Yes	No	Action Required	Completed (initial)
Has all equipment been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all structures been dismantled and removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Have temporary markers such as stakes, ropes, flags etc been removed?	<input type="checkbox"/>	<input type="checkbox"/>		
Have any holes/trenches etc been made good?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all temporary electric installations been isolated and made safe?	<input type="checkbox"/>	<input type="checkbox"/>		

**WASTE COLLECTION**

	Yes	No	Action Required	Completed (initial)
Has all waste been collected and removed from the site /venue?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all residue fire hazards been checked eg fireworks, bonfires?	<input type="checkbox"/>	<input type="checkbox"/>		

## VENUE CONDITION

	Yes	No	Action Required	Completed (initial)
Has any damage to permanent facilities, buildings or the ground been found during inspection?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, has this been reported and remedial action taken?	<input type="checkbox"/>	<input type="checkbox"/>		
Has official site/venue handover been completed with the owner?	<input type="checkbox"/>	<input type="checkbox"/>		

## INCIDENTS/ACCIDENTS

	Yes	No	Action Required	Completed (initial)
Were any/all incidents/accidents during the event reported?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, were all relevant documentation completed correctly, inc incident / accident report form, details from personnel involved, witness report etc?	<input type="checkbox"/>	<input type="checkbox"/>		