**EVENT CHECKLIST *(check venue capacity is suitable for expected guests and activity eg tables/stands decrease floor space for chairs, people standing)***

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| **THE VENUE** |
| Guest Numbers: | Booking Date: | Event Start & End Time: |
| Building: | Room No / ISO No (capacity suitable): |
| Event Organiser(s) & Contact Details: |
| Summary of Activities: |
| At Risk Activities eg unusual, Political, VIP Guests: |
| Room Layout (incl. changes with times): | Extras eg Breakout Rooms: |
| Risk Assessment in Place (who is responsible for preparing / reviewing / actions): |
| Accessibility Requirements: | Children Attending (Organiser to arrange supervision / controls): |
| Overnight Accommodation Required / Arranged: |

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| **REFRESHMENTS** |
| **CATERING:**  | Menu, dietary requirements (incl. agreed changes): | Delivery Time: | Nos: |
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| **DRINKS - ALCOHOLIC:** *(Licensed Security may be required)* | Type eg Wine, full Bar Service: | Delivery Time: | Nos: |
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| **DRINKS – TEA, WATER, JUICE etc:**  | Type eg Tea & Coffee / Water / Juice: | Delivery Time: | Nos: |
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| **AV SERVICES / ELECTRICAL / FIRE** |
| **AV SERVICES:**  | Requirements (incl. stand by Technical Support): | Time: | Location: |
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| **NOTE: CONTACT E&F IMMEDIATELY IF HIGH RISK ELECTRICAL ITEMS OR ITEMS WHICH COULD IMPACT ON THE FIRE SYSTEM HAVE BEEN IDENTIFIED OR ARE TO BE USED** |

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| **ELECTRICAL:**  | List ‘Brought in items’. **Confirmed as PAT Tested:**  | YES: | NO: |
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| List High Risk Items eg PA / Lighting:  | Supplier Details – **PLI, RA provided**: |
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| **FIRE/FIRST AID:** *(use of balloons, candles, smoke machines etc, first aid kit or first aiders required)* | Items affecting Fire System/First Aid Needs: | Supplier Details (if applicable): |
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| **GENERAL SUPPORT** |
| **SECURITY:** | If extra eg high risk event, direct vehicles, Licensed: | Time: | Location: |
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| **DOMESTIC & CLEANING:** | Type eg Clearing, Cleaning, Extra Bins: | During / After Event: | Location: |
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| **PARKING / TRANSPORT** |
| **COACHES:** *(coaches may not wait on BU premises unless agreed otherwise)* | Drop Off Point / Pick Up Point: | Time: | Nos of Coaches: |
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| **PARKING:**  | Raised barriers , permits, delivery times, help required:  | Time: | Nos (if applicable): |
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| **OTHER REQUIREMENTS NOT COVERED** |
| Eg External Suppliers – Public Liability Insurance, Risk Assessments confirmed | Time: | Location: |
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