48 hours pre-event inspection

*Example of a testing / inspection record sheet*

Venue:

Event: Date of event:

Inspection undertaken by: on: at:

|  |  |  |
| --- | --- | --- |
| **Stand** **[Insert name]** | **Confirm****(✓)** | **Comments** |
| Catering areas |  |  |
| Concourse areas |  |  |
| Disabled areas and facilities |  |  |
| Emergency lighting |  |  |
| Exit gates |  |  |
| Exit routes |  |  |
| Fire alarm system |  |  |
| Fire doors |  |  |
| Fire fighting equipment |  |  |
| Floors |  |  |
| Passenger lift operation |  |  |
| Public address system |  |  |
| Seating |  |  |
| Structure |  |  |
| Terracing |  |  |
| Toilet facilities |  |  |
| Turnstile operation |  |  |

*A separate record of the above inspections and tests should be completed for each stand / terrace / viewing area of the ground.*

|  |  |  |
| --- | --- | --- |
| **External areas** | **Confirm****(✓)** | **Comments** |
| Car parks |  |  |
| Mobile TV screen |  |  |
| Pedestrian routes |  |  |
| Rendezvous points (RVPs) |  |  |
| Vehicle routes |  |  |

|  |  |  |
| --- | --- | --- |
| **Equipment tests** | **Confirm****(✓)** | **Comments** |
| Carbon monoxide detectors |  |  |
| CCTV operation |  |  |
| Concourse lighting |  |  |
| Emergency lighting |  |  |
| Emergency telephone system |  |  |
| External lighting |  |  |
| Fire alarm system |  |  |
| Flood lighting |  |  |
| Generator |  |  |
| Methane detectors |  |  |
| Public address system |  |  |
| Public area lighting |  |  |
| Stand lighting |  |  |
| Toilet lighting |  |  |

|  |  |  |
| --- | --- | --- |
| **Safety equipment** | **Confirm****(✓)** | **Comments** |
| First aid equipment |  |  |
| Loud hailers |  |  |
| Mobile fire point(s) |  |  |
| Radios |  |  |
| Steward jackets |  |  |

|  |  |  |
| --- | --- | --- |
| **Facilities** | **Confirm****(✓)** | **Comments** |
| Broadcast scanners |  |  |
| Ground stores |  |  |
| Mobile caterers |  |  |
| Plant rooms |  |  |
| Secure refuse bins |  |  |
| Service ducts |  |  |
| Temporary marquees |  |  |
| Temporary structures |  |  |
| Any additional areas (detail) |  |  |

|  |
| --- |
| General comments / observations: |
|  |

|  |
| --- |
| Actions to be taken: |
|  |

Signed: Date:

Reports of defects identified by pre-event inspection

Venue:

Event: Date of event:

Inspection undertaken by: on: at:

|  |  |  |  |
| --- | --- | --- | --- |
| **Defect**Identify all the defects noted on the 48 hour pre-event inspection | **Priority**Prioritise the defects as per table below | **Action**Identify who is responsible for correcting the defect | **Rectified**Insert date and time defect rectified |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Priority for rectifying defect:**

1: To be corrected immediately

2: To be completed before the event

3: To be completed at earliest opportunity

4: Not urgent

5: Notice only