# VENUE CHECKLISTS FOR THE FOLLOWING SITUATIONS:

- IN THE EVENT OF INJURY TO AN EMPLOYEE/PATRON
- TOILET CHECKLIST
- DANCEFLOOR CHECKLIST
- GLASS CLEARANCE CHECKLIST
- SPILLAGES / BREAKAGES CHECKLIST
- AUDITORIUM CONDITION
- REMOVAL OF WASTE (DAILY & WEEKLY)
- SECURITY SIGNING IN SHEETS

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# Checklist for completion in the event of injury to an employee/patron

Offer first aid assistance as appropriate and call an ambulance if necessary	
Complete the accident/incident book as fully as possible	
Try and establish immediately (if the injured party is well enough) where in the venue the incident took place	
If possible please take photographs of this location and also the injured person	
Try and establish if there were any witnesses. These could be your own employees or anyone else in the club who may have been beside them on the dance floor for example when the incident took place.	
If there are allegations of spilt drinks/broken glass etc it is particularly useful if you can get details of an independent witness to confirm the condition of the floor in the immediate vicinity	
If there are any spilt drink/broken glass etc arrange for this to be cleared immediately	
Retain any glass collection checklists as your insurers may be able to use these to defend a claim.	
If you have CCTV cameras in the club it is worth looking back over these when you have time to see if they caught the incident. If possible please retain the footage.	
If your staff saw the incident try and obtain a signed statement from them confirming the circumstances as they saw it. This is particularly useful if staff have left your employment before a claim is submitted.	

Remember the claimant has 3 years from the date of the incident to claim.

# **Toilet Checklist**

Date	Time	Floors Y/N	Urinals Y/N	Cubicles Y/N	Sinks Y/N	Person Inspecting	Comments	Signature

# **Dancefloor Checklist**

Date	Time	Spillages Cleaned Y/N	Broken Glass Cleared Y/N	Stray Items Cleared Y/N	Person Inspecting	Comments	Signature

### **Glass Clearance Checklist**

Date	Time	Dancefloor Area Cleared Y/N	Bar Area Cleared Y/N	Seating Area Cleared Y/N	Toilet Area Cleared Y/N	Comments	Signature

# Spillages/Breakages Checklist

Date	Time	Area of Spillage / Breakage	Area Cordouned off Y/N	Time Taken to Clear Spillage	Comments	Signature

#### **Auditorium Condition**

It is a Condition precedent to the Insurer's liability that the Insured carry out a thorough examination of the Premises for any smouldering and/or burning materials at the close of business each day with a record of such checks being retained and available to the Insurer upon request. It is further understood and agreed that any ashtrays and the like are only ever emptied into metal bins secured by a metal lid and for the bin to be stored at least 5 metres away from any and all combustible materials.

Date	Time	Smouldering and/or Burning Materials Cleared And Secured In Metal Lidded Bins Y/N	Comments	Signature

# **Daily Removal of Waste Checklist**

Your insurers will confirm their specific waste condition in the policy schedule and/or policy wording, however most insurers will insist that waste is removed from within the premises daily and combustible materials kept a specified distance away from the premises, with records being retained to evidence waste is removed from the premises.

Date	Time	Area(s) waste was removed from	Detail where waste was removed to	Is any of this waste combusitble (Y/N)	If (Y), ensure waste has been removed to at least 2metres from the premises buildings & detail location:	Signature

# **Weekly Removal of Waste Checklist**

Your insurers will confirm their specific waste condition in the policy schedule and/or policy wording, however most insurers will insist that any stored waste is removed entirely from the premises weekly with records being retained to evidence waste is removed from the premises.

Date	Time	Was all waste removed (Y/N)	If (N), detail why	Who removed waste from premises:	Comments	Signature

# **Security Sign In Sheet**

It is a condition of your insurance policy to ensure the individual security person holds a valid SIA licence number. This can be checked using the following website: services.sia.homeoffice.gov.uk/rolh

You must ensure you retain a record of the check as this may be requested by your insurers in the event of a claim. The above register only shows records for active and revoked licences and does not provide any information for individuals who have an expired licence.

First Name	Last Name	Date	Full 16-digit SIA licence number	Time In	Manager's Signature	Time Out	Manager's Signature	Doorperson Signature