

48 HOURS PRE-EVENT INSPECTION

Venue:.....

Event:

Date of event:.....

Inspection undertaken by *(insert name)* on *(insert date)* at *(insert time)*.

	Confir m (✓)	Comments
Stand <i>(insert name)</i>		
Structure		
Floors		
Exit gates		
Exit routes		
Seating		
Terracing		
Disabled areas and facilities		
Concourse area		
Toilet facilities		
Catering areas		
Fire doors		
Fire alarm system		
Fire fighting equipment		
Emergency lighting		
PA system		
Turnstile operation		
Passenger lift operation		

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

External areas		
Car parks		
Pedestrian routes		
Vehicle routes		
RVP's		
Mobile TV screen		

Equipment tests		
PA system		
Concourse lighting		
Public area lighting		
Stand lighting		
Toilet lighting		
External lighting		
Emergency lighting		
Flood lighting		
Fire alarm system		
CCTV operation		
Generator		
Emergency telephone system		
Carbon monoxide detectors		
Methane detectors		

Safety equipment		
First aid equipment		
Stewards jackets		
Radios		
Loud hailers		
Mobile fire point (s)		

Facilities		
Ground stores		
Secure refuse bins		
Plant rooms		
Service ducts		
Temporary structures		
Temporary marquees		
Mobile caterers		
Broadcast scanners		
Any additional areas (<i>detail</i>)		

General comments / observations:

Action to be taken

Signed:

Dated:

REPORT OF DEFECTS IDENTIFIED BY PRE EVENT INSPECTION

Event:

Date of event:.....

Inspection undertaken by *(insert name)* on *(insert date)* at *(insert time)*.

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

Priority for rectifying defect:

- 1: To be corrected immediately**
- 2: To be completed before the event**
- 3: To be completed at earliest opportunity**
- 4: Non urgent**
- 5: Notice only**

EVENT DAY INSPECTION

Venue:.....

Event:

Date of event:.....

Inspection undertaken by *(insert name)* on *(insert date)* at *(insert time)*.

Inspection / test	Confirm (✓)	Comments
Stand <i>(insert name)</i>		
Stand <i>(insert name)</i>		
Stand <i>(insert name)</i>		
Stand <i>(insert name)</i>		
External areas		
Circulation areas		
Seating		
Terracing		
Disabled areas & facilities		
Seating area		
Toilets		
Turnstile operation		
Catering facilities		
Exit routes		
Exit gates		
Panic bolts		
Car park areas		

Padlocks removed		
Refuse cleared		
Segregation netting		
Segregation shutters		
First aid room (s)		
Detention area		
Outside broadcast units		
EQUIPMENT TESTS		
PA test		
CCTV system		
Fire alarm		
Emergency telephone		
Emergency lighting		
Turnstile monitoring		
Generator		
Public area lights		
Flood lights		
Radios		
Stewards jackets		
Ground store		
Loud hailers		

First aid room (s)		
Fire fighting equipment		
Passenger lift (s)		
Methane detectors		
Carbon monoxide detector		

Unresolved defects:

Signed:

Dated:

