

VENUE ACCESS AND FACILITIES CHECKLIST



VENUE DETAILS	
NAME	
ADDRESS	
POSTCODE	
TELEPHONE	
CONTACT PERSON	
BUILDING	<i>Please describe building type, i.e. single storey or office block etc.</i>

ACCESS TO BUILDING / TRAVEL			
ITEMS	YES	NO	DESCRIPTION/ REMARKS
Public Transport Options			
Bus Route			<i>If yes, please state bus number if known.</i>
Tram Stop			<i>If yes, please state the name of the Tram Station.</i>
Train Station			<i>If yes, please state name of the nearest Train Station.</i>
Cycling			
Driving Options/Access			
Disabled Parking (please state how many bays are available/where they are located)			<i>If yes, how many bays are available? Are the bays within the compound or on the main road?</i>
Dropped kerbs			<i>If yes are there cycle racks available/cycle lanes?</i>
Adequate lighting from parking area to Venue Entrance			<i>If yes, please state if the path has any obstructions.</i>
Clear Signage/Directions			
Entrance			
Internal			
Exit			
Emergency Exits			

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INTERNAL ACCESS / FACILITIES			
ITEMS	YES	NO	DESCRIPTION/ REMARKS
Entrance			
Clearly marked			
Wheelchair accessible			
Ramp			
Hand rails			
Main door			<p><i>Please state if the door is automated, push entry or if clients need to ring a door buzzer to gain entry.</i></p> <p><i>Please state if the door can be opened by a wheelchair user unaided.</i></p>
Hearing Loop			
Intercom			<i>Please also ensure there is an alternative contact number for clients to call in case of any issues.</i>
Lobby / Reception Area			
Reception desk			<i>Please state if the desk is accessible for wheelchair users.</i>
Waiting area with seating			
Clear paths/walkways from one room to another			<i>Please state if there are any trip hazards.</i>
Emergency Exits			
Room and Facilities			
Clear access			<i>Please state if the access is wide enough for wheelchair access.</i>
Distinguishable Doors with clear signage			
Doors			<i>Please state if the door can be opened and closed by wheelchair users unaided.</i>
Ground Floor Rooms			<i>Please state if meeting can take place on the ground floor.</i>
Seating			<i>Please state if chairs have armrests for support.</i>

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INTERNAL ACCESS / FACILITIES			
Room and Facilities			
Lift access			<i>Please state if the lifts are accessible by wheelchair users and if they can be operated unaided.</i>
Induction Loop meeting rooms			
Accessible toilet			<i>Please state the no of toilets and if the toilets are on the same floor.</i> <i>Please state details of the latch and locking mechanism, ie. slide or twisting locks etc.</i>
Refreshments			<i>Please state if there is any provision for refreshments and where they are located.</i>
Provision for Guide Dogs			<i>Please state if there is any outdoor area and provision of water for service or guide dogs.</i>
Public Phone			<i>Please state if there is minicom for hearing impaired users. If not, are staff able and willing to make a call on behalf of the client, e.g. ring a local taxi company.</i>
EMERGENCY PROCEDURES			
Evacuation			<i>Please provide details of evacuation assistance available for wheelchair users and / or mobility and sight impaired users.</i>
Designated First Aider/Fire Marshal			<i>Please provide contact details.</i>
Clear Signage			

Venue assessed by:

Name:

Designation:

Date: