

# 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  |
| <b>Public Transport Options</b>  |     |    |   |
| 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  |     |    |   |
| <b>Driving Options/Access</b>  |     |    |   |
| Disabled Parking (please state how many bays are available/where they are located) |     |    | <i>If yes, how many bays are available?<br/>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>   |
| <b>Clear Signage/Directions</b>  |     |    |   |
| Entrance   |     |    |   |
| Internal   |     |    |   |
| Exit   |     |    |   |
| Emergency Exits  |     |    |   |

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| INTERNAL ACCESS / FACILITIES                  |     |    |  |
|---|-----|----|--|
| ITEMS   | YES | NO | DESCRIPTION/ REMARKS   |
| <b>Entrance</b>                               |     |    |  |
| 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>  |
| <b>Lobby / Reception Area</b>                 |     |    |  |
| 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                               |     |    |  |
| <b>Room and Facilities</b>                    |     |    |  |
| 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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|--|--|--|---|
| <b>Room and Facilities</b>                 |  |  |   |
| <b>Lift access</b>                         |  |  | <i>Please state if the lifts are accessible by wheelchair users and if they can be operated unaided.</i>  |
| <b>Induction Loop meeting rooms</b>        |  |  |   |
| <b>Accessible toilet</b>                   |  |  | <i>Please state the no of toilets and if the toilets are on the same floor.</i><br><br><i>Please state details of the latch and locking mechanism, ie. slide or twisting locks etc.</i> |
| <b>Refreshments</b>                        |  |  | <i>Please state if there is any provision for refreshments and where they are located.</i>  |
| <b>Provision for Guide Dogs</b>            |  |  | <i>Please state if there is any outdoor area and provision of water for service or guide dogs.</i>  |
| <b>Public Phone</b>                        |  |  | <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>          |
| <b>EMERGENCY PROCEDURES</b>                |  |  |   |
| <b>Evacuation</b>                          |  |  | <i>Please provide details of evacuation assistance available for wheelchair users and / or mobility and sight impaired users.</i>   |
| <b>Designated First Aider/Fire Marshal</b> |  |  | <i>Please provide contact details.</i>  |
| <b>Clear Signage</b>                       |  |  |   |

**Venue assessed by:**

**Name:**

**Designation:**

**Date:**