



Date: Time:

Country: Location: Event Name:

Item	Ccheck	Details
Category: Event Planning		
1. Is there a clear schedule for the event?		
2. Are all necessary permissions and licenses in place?		
3. Is there a plan for crowd control, if necessary?		
4. Is there a procedure in place for reporting and addressing hazards?		
5. Are all staff/volunteers aware of emergency procedures?		
Category: Building		
1. Are all emergency exit signs clearly visible and in working order?		
2. Are all fire extinguishers checked and serviced regularly?		
3. Are all areas well-lit and free from hazards?		
4. Are emergency contact numbers clearly displayed?		
Category: Security		
1. Are surveillance cameras, if any, functional and covering key areas?		
2. Are all stairways and walkways free of hazards?		
3. Are all windows and doors secure and in good working order?		
4. Are smoke detectors tested regularly and in working condition?		
Category: Safety		
1. Are first aid kits easily accessible and well-stocked?		
2. Are all chairs and desks stable and in good repair?		
3. Are walkways clear and free of clutter?		
4. Is lighting adequate for reading and writing?		
5. Are all electrical outlets and cords in good condition?		
6. Are emergency exits clearly marked and accessible?		
Category: Sanitary Services and Toilets		
1. Are toilets clean and in good working order?		
2. Are sinks clean and in good working order?		
3. Is there a sufficient supply of toilet paper?		
4. Is there a sufficient supply of hand soap and hand towels?		

Viewer:

Supervisor:



Item	Ckeck	Details
5. Are waste bins available and regularly emptied?		
6. Is there hot and cold running water?		
7. Is the area well ventilated?		

Please fill in all the fields of the form carefully, such as country and location, place name, date and time.

Check all check marks.

Write down the necessary details.

Write down your names and sign.

Viewer:

Supervisor: