**HOME-BASED RISK ASSESSMENT CHECKLIST**

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| --- |
| Name of Person completing R.A. Checklist: |
| Interest Group Date |
| Description of Activity |

|  |  |  |  |
| --- | --- | --- | --- |
|  | R.A. Checklist | Yes | Comment |
| General | Are there any trip hazards/anything that may cause a slip/fall?  Are all walkways used kept free from obstruction? |  |  |
|  | Have you taken a register of attendees? |  |  |
| Electrical | Have you made sure there are no trailing leads/cables? |  |  |
| Fire Safety | Are all exits unobstructed? |  |  |
|  | Is there a working smoke alarm? |  |  |
| Wellbeing | Have members been made aware of pets? |  |  |

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| --- | --- | --- |
| Home-based RA ChecklistfU3A |  |  |
| Description of changes | Date of change: | Review date: |
| Original checklist | 28.04.2023 | 28.042024 |

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