**Health and Safety: Building Accessibility Checklist and Risk Assessment**

**Own Venue**

Most recent update: 09 September 2025

|  |  |
| --- | --- |
| Venue name, address and postcode |  |
| Centre manager name |  | Phone/email |  |
| Check completed by |  | Date of check |  |
| Review 1 date |  | Review 2 date |  |

**A review of this Health and Safety Building and Accessibility Checklist & Risk Assessment must take place if circumstances change, e.g. a new learner with accessibility needs**

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| Location and parking | Comments | Yes | No |
| Is the building easy to find? |  |  |  |
| Is the building accessible by public transport? |  |  |  |
| Is the venue accessible by taxi to the door of the main entrance? |  |  |  |
| Is there suitable and sufficient parking available near to the building entrance and are there any restrictions? |  |  |  |
| Is there accessible parking nearby? Yes: how many available spaces? No: can double spaces be reserved if necessary? |  |  |  |

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| Approach and access to the building | Comments | Yes | No |
| Is signage clear and does it have large contrasting lettering? |  |  |  |
| Is there wheelchair access at the main or alternative entrance (goods/service entrance is not appropriate) |  |  |  |
| Are there steps leading into the building? If so, how many are there and is there a handrail? |  |  |  |
| Is there an appropriate ramp or flat surface at the entrance? Ramps should not be steeper than 1:12, though 1:15 is preferable |  |  |  |
| If it was required, is there a platform lift or ramp suitable for wheelchair users? |  |  |  |
| Are the doors to the building automatic? If not, are they wide enough for wheelchair users? |  |  |  |
| Do the manual doors have easy to grip handles at an accessible height? |  |  |  |
| Is there a revolving door or an alternative manual/automatic door available? |  |  |  |

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| Reception | Comments | Yes | No |
| If there is a reception area, is it manned and easy to find? |  |  |  |
| Is the reception fully accessible and a suitable height for wheelchair users? |  |  |  |
| Are chairs available for those that require them? |  |  |  |

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| Corridors and stairwells | Comments | Yes | No |
| Are the routes to the rooms well signed, and are the signs easy to follow? |  |  |  |
| Are corridors and stairwells sufficiently lit and free from barriers or obstructions? |  |  |  |
| Are all internal corridors at least 1.5m wide? |  |  |  |
| Is the flooring level and non-slip? |  |  |  |
| Are staircases fitted with secure handrails on either side? |  |  |  |

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| Lifts | Comments | Yes | No |
| Are there working lifts available, and if so, how many are there? |  |  |  |
| Do lifts allow access to all areas of the building, including for wheelchair users? |  |  |  |
| Are lift doors wide enough for wheelchair access, and will the lift house a large wheelchair and at least one other person? |  |  |  |
| Are the lift controls at a suitable height for a wheelchair user? |  |  |  |
| Are there Braille or tactile buttons and visual/audio floor indication? |  |  |  |

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| Assistance dogs | Comments | Yes | No |
| Are assistance dogs allowed in the building? |  |  |  |
| Is there an adequate area for an assistance dog to be exercised, and is water available? |  |  |  |

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| Toilets, including accessible toilets | Comments | Yes | No |
| How many toilets are available (male/female/unisex), and how many are accessible? |  |  |  |
| Are the toilet areas maintained to a good and clean standard, and are sanitary waste bins available? |  |  |  |
| Are the doors of accessible toilets wide enough for a wheelchair user (at least 925mm wide), and is there room inside to manoeuvre a wheelchair? |  |  |  |
| Are the height of the accessible toilet and the fittings suitable for a wheelchair user? |  |  |  |
| Is the sink accessible for someone sitting on the toilet?NB: There should be no lid on the toilet |  |  |  |
| Is there a lever lock on the inside of the door? |  |  |  |
| Is there an emergency cord? If yes, is it accessible from the toilet and from the floor? |  |  |  |
| Are there flashing lights and alarms in case of an emergency evacuation? |  |  |  |

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| Training rooms and seating | Comments | Yes | No |
| Are the training rooms clean and hygienic? |  |  |  |
| Is the room of a suitable size for the number of people expected, and is the room able to be arranged appropriately? |  |  |  |
| Are the acoustic suitable, and are hearing loops available or accessible if required? |  |  |  |
| Is there natural light in the room? If yes, do the windows have shutters or blinds to block out unwanted light? |  |  |  |
| Is there an accessible area suitable for wheelchair users that does not isolate them from the group? |  |  |  |
| Is there enough room to manoeuvre a wheelchair? |  |  |  |
| Are there, or will there be, trailing wires from sockets to electrical equipment, and if so, are cable covers available? |  |  |  |
| Do training rooms have air conditioning/heating? If yes, is this manually controllable? |  |  |  |
| Can the windows be opened to enable to room to cool down? If so, will the noise/pollution levels be a concern? |  |  |  |
| Are furniture and fixtures in good condition? |  |  |  |

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| Emergency procedures, evacuation and security | Comments | Yes | No |
| Is there a Public Liability certificate up to date and displayed in the public area? |  |  |  |
| Is there an annually reviewed Critical Incident Plan in place for the building (see CW&C proforma)? |  |  |  |
| Is there a fire certificate in operation in the building? |  |  |  |
| Is there an up-to-date fire risk assessment for the building? |  |  |  |
| Are evacuation notices displayed? |  |  |  |
| Are there audio and visual fire alarms in all rooms, and when are they tested? |  |  |  |
| Are there written evacuation procedures for the building, including for evacuating wheelchair users? |  |  |  |
| Are the fire exits marked and kept clear, and does the tutor know where they are? |  |  |  |
| Where is the fire assembly point? |  |  |  |
| Are fire extinguishers available, and have they been serviced within the last 12 months? |  |  |  |
| What is the name of the building’s fire marshal and first aider? |  |  |  |
| Is there an Evac Chair? If yes, are staff trained to use it? |  |  |  |
| Are all fire exits adequately lit to ensure safe exit in the event of an emergency during darkness? |  |  |  |
| Does the venue require an attendance list in case of emergencies? |  |  |  |
| Is the Health and Safety Law poster displayed? |  |  |  |
| Is there access to a first aid box and, if so, is it adequately stocked in line with HSE guidelines? |  |  |  |
| Are incident reporting procedures known? |  |  |  |
| Are there adequate arrangements in place regarding personal security? |  |  |  |
| Are security/other staff always present in the building? |  |  |  |
| Will there be access to an alternative telephone in the event of an emergency (e.g. mobile phone)? |  |  |  |

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| Electrical and gas safety | Comments | Yes | No |
| Is all electrical equipment PAT tested? |  |  |  |
| Are gas services (installation/gas boiler) inspected and maintained by CORGI registered fitters?  | Date of last inspection: |  |  |
| Are all hazardous substances stored and used only in accordance with manufacturer recommendations? |  |  |  |
| Are there adequate plug sockets available for electrical equipment, and are they easily accessible? |  |  |  |
| If extension leads must be used, are they approved type, PAT tested and regularly visually inspected for defects? |  |  |  |

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| Data security | Comments | Yes | No |
| Is paper-based personal data storage secure and is it retained according to CW&C guidelines? |  |  |  |
| Are all corporate PCs/laptops shielded from view? |  |  |  |
| Do signing-in books ask only for relevant information?(name, company name, person visiting, arrival time and departure time) |  |  |  |

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| What actions need to be taken as a result of this assessment to ensure the building is safe and accessible? | Who will undertake the action: | By when: |
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Use the results of this assessment to complete the Building Risk Assessment on the following page

**Building Risk Assessment**

**Identification of hazards**

Consider all the activities taking place within the building and tick the boxes of significant hazards that apply.

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| --- | --- | --- | --- | --- | --- |
| Building location |  | Approach and access |  | Parking |  |
| Reception |  | Corridors and stairwells |  | Elevators |  |
| Assistance dogs |  | Toilets |  | Accessible toilets |  |
| Training rooms |  | Seating |  | Heating and ventilation |  |
| Security and data security |  | Fire hazards |  | Violence/aggression |  |
| Falling objects |  | Slips, trips and falls |  | Manual handling |  |
| Lone working |  | Drugs/alcohol |  | Hazardous substances |  |
| Electrical equipment |  | Theft |  | Portable appliances |  |
| Food provision |  | Confined space |  | Vehicles/driving  |  |
| Machinery |  | Emergency procedure |  | Hygiene |  |
| Other(s) - specify |  |

For all hazards identified above complete the following risk assessment; copy table below as required

Risk 1

|  |  |
| --- | --- |
| What is the hazard |  |
| Who might be harmed and how? |  |
| What are you already doing to control the risk? |  |
| What further action needs to be taken to control this risk? |  |
| Who will take action? | When will action be taken? | Date action completed |
|  |  |  |

Risk 2

|  |  |
| --- | --- |
| What is the hazard |  |
| Who might be harmed and how? |  |
| What are you already doing to control the risk? |  |
| What further action needs to be taken to control this risk? |  |
| Who will take action? | When will action be taken? | Date action completed |
|  |  |  |

Risk 3

|  |  |
| --- | --- |
| What is the hazard |  |
| Who might be harmed and how? |  |
| What are you already doing to control the risk? |  |
| What further action needs to be taken to control this risk? |  |
| Who will take action? | When will action be taken? | Date action completed |
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| Are you satisfied that the venue is suitable for the provision of learning and employment support to be provided and standards sufficient to ensure the Health and safety of employees and customers? |
| YES | NO |

Assessment and Risk Assessment completed by:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre Coordinator:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line manager signature to confirm completion of the action plant

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_