



RISK ASSESSMENT PLAN

Area to be used _____

Focus of risk assessment	Significant hazards in this area	Date	Time	Checked by
Approx size of group				
<input type="checkbox"/> Air quality <input type="checkbox"/> Temperature <input type="checkbox"/> Lighting <input type="checkbox"/> Floor <input type="checkbox"/> Seating area <input type="checkbox"/> Safe access <input type="checkbox"/> Safe exit <input type="checkbox"/> Condition of toilet facilities <input type="checkbox"/> Fire extinguishers				
Equipment <input type="checkbox"/> Condition <input type="checkbox"/> Position of plugs/leads <input type="checkbox"/> Other equip eg CDs etc				

You could be a star on the dance floor

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