NATF 226 03
(Relates to SOP No. NATS COL 040)

VENUE ASSESSMENT CHECKLIST

Reason for Venue Assessment (please tick)	New Venue		Venue Review	✓

Name (block capitals)	[redacted]	Designation	SDC
Signature	[redacted]	Date	7.9.15.
Counter Signature			
Name (block capitals)	[redacted]	Designation	SCN
Signature	[redacted]	Date	7.9.15
Next Review Due		Date	7.9.17.

All halls should be on the ground floor or accessible by a lift of sufficient size to accommodate beds, cages, trolleys, large amounts of varying sized equipment.
Access corridors should be wide enough to accommodate two people carrying a standard equipment box between them.
Carrying distances should be limited as far as practicable and should be within an acceptable distance from the equipment vehicle.
Wherever possible stairs and multiple doors or obstacles should be avoided during equipment carry in / out.

Venue Name	BLYTHE HALL		
Address Line 1	BLYTHE ST		
Address Line 2	N/A		
Town / City	NEWPORT	Post Code	DD6 8DB.
Proposed area for blood collection (e.g. main hall/room number)	MAIN HALL.		
Contact Name	[redacted]	Key Holder	(YES) . NO
Landline/Mobile / Fax Number	01382541856.	mob - 07740 25770.	
IF MDC			
Site	N/A		
Caretaker Name (if diff from above)	N/A		
Address Line 1	N/A		
Address Line 2	N/A		
Town / City	N/A	Post Code	n/a
Contact Telephone Number	N/A		
Key holder Details should session staff require to collect keys on day of session.			
Name (if diff from above. Write N/A if not required)	N/A		
Address Line 1	N/A		
Address Line 2	N/A		
Town / City / Post Code	N/A	Telephone No	N/A

VENUE ASSESSMENT CHECKLIST

	REQUIREMENTS	COMPLIANCE
A	**DISTANCE**	
(1)	Approximate miles from BTC base to venue	8 Miles
B	**TRAFFIC ROUTES / TRANSPORT** (applies to roadway or pathway within session venue proximity)	
	To be completed by SNBTS authorised driver	
(1)	Are traffic routes around and into the venue accessible for BTC vehicles	YES / NO
	(a) Is the road wide enough, taking into account any formal car parking?	YES / NO
(2)	Is the turning circle **into** the venue sufficient for;	YES / NO
	(a) SNBTS large equipment lorry	YES / NO
	(b) SNBTS mini bus	YES / NO
	(c) SNBTS pod van	YES / NO
	(d) SNBTS Car	YES / NO
	(e) SNBTS MDC	YES / NO
(3)	Is the turning circle **within** the venue perimeter large enough for; N/A	YES / NO
	(a) SNBTS large equipment lorry	YES / NO
	(b) SNBTS mini bus	YES / NO
	(c) SNBTS pod van	YES / NO
	(d) SNBTS Car	YES / NO
	(e) SNBTS MDC	YES / NO
(4)	Within venue perimeter are pedestrians separated from vehicle routes (are there pavements or other forms of segregation)?	YES / NO
(5)	Are there speed limits?	YES / NO
(6)	Is parking controlled?	YES / NO
(7)	Is parking sufficient for; Road width narrow for lorry + car	YES / NO
	(a) SNBTS large equipment lorry	YES / NO
	(b) SNBTS mini bus	YES / NO
	(c) SNBTS pod van	YES / NO
	(d) SNBTS Car	YES / NO
	(e) SNBTS MDC	YES / NO
(8)	Approximately how many spaces will be available for SNBTS	2 Spaces
(9)	Are there parking spaces available for donors?	YES / NO
(10)	Please detail access route into venue for;	
	(a) During carry in/out; SIDE DOOR UP 25m PATH	
	(b) During session if different from (a); N/A	
	(c) For Donors if different from (a); FRONT DOOR	
	(d) For Staff if different from (a); FRONT OR SIDE DOORS	

VENUE ASSESSMENT CHECKLIST

	REQUIREMENTS	COMPLIANCE
(11)	Is the venue easily accessible using public transport?	YES / NO
(12)	Are there procedures for clearing or treating routes covered with ice and snow?	YES / NO
C	**VENUE – INTERNAL ROUTE**	
(1)	Is there access without stairs **into** venue?	YES / NO
	If not, how many stairs **into** venue?	0 **Stairs**
(2)	Access;	
	(a) Are corridors wide enough to manoeuvre standard SNBTS cages and equipment? (height 167cm length 87cm depth 71cm)	YES / NO
	(b) Approximate length of carry in of equipment from the venue entrance?	20 **Metres**
	(c) Are there doors to be negotiated **within** the venue?	YES / NO
	If yes, how many?	2 **Doors**
	(d) Are there stairs to be negotiated **within** the venue?	YES / NO
	If yes, how many?	**Stairs**
	(e) Is there a lift of suitable size to take standard SNBTS cages and equipment?	N/A YES / NO
	If yes, can the lift be used solely for SNBTS Equipment during carry in / out?	N/A YES / NO
	(g) Is disability access to the Donor Area Disability Discrimination Act Compliant?	YES / NO
	If no, please detail :	
(3)	Do all staircases have handrails?	YES / NO
	If yes, are the rails on each side of the stairs?	YES / NO
(4)	Are all staircase handrails secured and maintained?	YES / NO
(5)	Are the floors free from defects?	YES / NO
	If no, please detail :	
(6)	Are we required to cover the flooring to protect from potential blood spillages?	YES / NO
(7)	Is flooring able to be decontaminated in the event of a blood spillage?	YES / NO
D	**MAINTENANCE OF VENUE AND EQUIPMENT**	
(1)	Is the venue and its associated equipment (ventilation, toilets, hand washing facilities, powered doors etc) safe to use as far as you can ascertain?	YES / NO
(2)	Do items such as emergency lighting, window opening limiters, powered doors etc appear to be in satisfactory working order as far as you can ascertain?	YES / NO
(3)	Are all areas clean and tidy?	YES / NO
	If no, please detail :	
E	**VENTILATION AND TEMPERATURE**	
(1)	Does ventilation appear to be adequate?	YES / NO
(2)	Can windows be opened for ventilation without the operator being placed at risk (e.g. falling through or out of window)?	YES / NO
(3)	Is there an adequate heating system (one which can maintain a minimum temperature of 16C throughout the session)?	YES / NO
	(a) Is supplementary heating required?	YES / NO

VENUE ASSESSMENT CHECKLIST

	REQUIREMENTS	COMPLIANCE
	(b) Is there any restriction to type of supplementary heaters?	YES / (NO)
	If yes, please detail :	
(4)	Are toilet facilities held at a reasonable temperature?	(YES) / NO
(5)	Are heaters screened so no risk of burning to any person/belongings/equipment?	YES / (NO)
(6)	Is heating on a timer?	(YES) / NO
	If so, can it be overridden?	(YES) / NO
F	LIGHTING	
(1)	Do all venues and access routes (inc outside parking areas) have suitable lighting (daytime and after dark) as far as you can ascertain?	(YES) / NO
(2)	Is dazzle / glare a problem as far as you can ascertain?	YES / (NO)
(3)	Are light switches easily accessible?	(YES) / NO
(4)	Does lighting appear to be in good condition?	(YES) / NO
(5)	Is emergency lighting provided?	(YES) / NO
	If yes, is it powered by an independent source?	(YES) / NO
(6)	Do we need to take supplementary lighting?	YES / (NO)
G	ROOM DIMENSIONS AND SPACE	
(1)	Is access to the work area free and unobstructed?	(YES) / NO
(2)	How many rooms are available for use?	1 Rooms
(3)	Is there a vestibule/waiting area inside the venue?	(YES) / NO
	If yes, is it suitable for donor waiting?	(YES) / NO
(4)	Will more than one room be required for Blood Collection?	YES / (NO)
	If yes, please detail supplementary room;	
(5)	Is this Venue suitable for ; (tick all that apply)	
	(a) 2 Bed Boardroom Session	(YES) / NO
	(b) 4 Bed Boardroom Session	(YES) / NO
	(c) MDC	YES / (NO)
	(d) Traditional Session	(YES) / NO
(6)	Measurements (using the provided laser /tape measure only)	
	(a) Main Hall	
	Length	19 Metres
	Width	14 Metres
	(b) Supplementary Space	
	Length	N/A Metres
	Width	N/A Metres
(7)	What is the maximum number of beds this Venue can take?	14 Beds

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	REQUIREMENTS	COMPLIANCE
H	**DOORS AND GATES**	
(1)	Are doors fitted with transparent panels?	YES / NO
(2)	Are sliding door tracks fitted with stops to prevent the doors over-running and leaving the rail?	YES / NO N/A
(3)	Are sliding door tracks fitted with a retaining rail to prevent the door falling (e.g. if the rollers leave the track)?	YES / NO N/A
I	**SANITARY / HYGIENE FACILITIES**	
(1)	Are toilet facilities suitably stocked with;	
	(a) Toilet rolls?	YES / NO
	(b) Soap?	YES / NO
	(c) Disposable paper hand towels / Hand Dryers?	YES / NO
	(d) Is there a waste receptacle?	YES / NO
(2)	Are toilet facilities regularly cleaned?	YES / NO
(3)	Are the toilets and hand washing basins clean?	YES / NO
(4)	Is privacy adequate?	YES / NO
(5)	Is there running water for hand washing?	YES / NO
(6)	Is there warm running water?	YES / NO
(7)	Are the facilities adequate for the number using them?	YES / NO
	Women and Men considered separately (these numbers are for at any given point in the session and not the total number in attendance over the session)	
	6 – 25 2WC ideally 2 wash stations	
	26-50 3 WC ideally 3 wash stations	
(8)	Are facilities well ventilated and lit?	YES / NO
J	**DRINKING WATER**	
(1)	Is there a supply of drinking water?	YES / NO
	Where is it located? kitchen	
(2)	Is the supply clearly marked suitable for drinking?	YES / NO
(3)	Can SNBTS access this	YES / NO
K	**REST / MEAL FACILITIES (staff)**	
(1)	Are facilities / separate rooms available?	YES / NO
	If not, is there space available within the hall which could be screened off?	YES / NO
(2)	Are there sufficient seats and tables available for SNBTS staff use?	YES / NO
	If yes, are they clean?	YES / NO
(3)	Is there access to a cooker or facilities for heating food?	YES / NO
	If yes;	

VENUE ASSESSMENT CHECKLIST

	REQUIREMENTS	COMPLIANCE
	(a) Are the cooking facilities clean?	(YES) / NO
	(b) Are the facilities maintained and safe to use?	(YES) / NO
	(c) Is there suitable facilities to wash utensils / dishes if cooking food?	(YES) / NO
L	**SUPPLEMENTARY ITEMS**	
(1)	What is the maximum number of booths the area can take (include health screening, privacy and venous sampling booths)?	4 **Booths**
(2)	Is the overall space large enough for required number of workstations with adequate access / egress / confidentiality where required?	(YES) / NO
(3)	Can the area be cleared in advance in preparation for the session?	(YES) / NO
(4)	Is the hall décor appropriate for a Blood Donating session?	(YES) / NO
(5)	Is there space for publicity / posters / signs?	(YES) / NO
(6)	Are there sufficient, suitable located electrical sockets?	YES / NO
(7)	How many sockets are available?	6 **Sockets**
(8)	Where is the nearest telephone landline? Office	
(9)	Is mobile phone reception adequate?	(YES) / NO
	If not, please detail where mobile reception improves:	
	N.B. Poor mobile phone reception / No landline in immediate vicinity – Contingency required	
M	**I.T.**	
(1)	Can laptops (registration/linking/server) be suitable positioned to allow appropriate radio communication?	(YES) / NO
(2)	Are you able to take a Wi-Fi connectivity test?	YES / (NO)
	Reading output;	
(3)	Will all laptops be used within the same room?	(YES) / NO
	If not, please detail;	
(4)	Are there any radio transmitting systems (e.g. Wi-Fi) or hearing loops within the venue?	YES / (NO)
	If yes, please detail;	
(5)	Network Provider for Venue : N/A .	
N	**FIRE SAFETY COMPLIANCE**	
(1)	Is there a fire alarm?	(YES) / NO
	If yes, what is the signal? audible	

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	REQUIREMENTS	COMPLIANCE
(2)	Are there suitably identified fire exits?	YES / NO
	If so, are the fire exits unblocked / unobstructed (inside and out)?	YES / NO
(3)	Are there fire signs?	YES / NO
(4)	Are there fire extinguishers?	YES / NO
(5)	Are CO2 extinguishers available to deal with electric fires?	YES / NO
(6)	Have ALL fire extinguishers been checked within the last 12 months?	YES / NO
(7)	State location of fire extinguishers; FRONT VESTIBULE HALLWAY + KITCHEN	

SUPPLIMENTARY REMARKS / COMMENTS ON HALL ACCEPTABILITY

When lorry and bus are parked outside hall on street, the road clearance space is compromised by parked cars at 90° to road. Query emergency vehicle being able to pass. Suggest lorry and bus are moved after session set-up to wider street round corner.

SUGGESTED CONTINGENCY ARRANGEMENTS

N/A

VENUE ASSESSMENT CHECKLIST

Tick Rating	
Excellent	
Good	✓
Satisfactory	
Does not meet Requirements	

Alternative Venue	
Is there a more acceptable alternative in close proximity? (delete as appropriate)	YES / NO
If yes please advise advise :	
Contact Name (if Known)	N/A
Address	N/A