

SCOUTS CANADA

MEETING SPACE RISK ASSESSMENT CHECKLIST

NOTE TO GROUP COMMISSIONERS:

Under BP&P, Section 2003.4 (v) 5

It is the responsibility of the Sponsor/Partner Organization, **"to ensure adequate meeting facilities are provided for the Group"**.

A Group Commissioner should conduct a Meeting Space Risk Assessment twice each year. Findings should be shared with the head of the Building/Facility/Institution, and plans should be made to correct hazards if any are found.

GROUP INFORMATION (Please print clearly)

Group: _____ Area: _____ Council: _____
Group Number and Name

BUILDING/FACILITY INFORMATION (Please print clearly)

Name of Building/Facility: _____
 Address: _____ City: _____ Postal Code: _____
 Telephone Location: _____ Accessible YES NO Emergency # YES NO

THE MEETING ROOM (Check those that apply)

<p>YES NO</p> <p>___ ___ Large Enough?</p> <p>___ ___ Well Heated?</p> <p>___ ___ Well Ventilated?</p> <p>___ ___ Dry?</p> <p>___ ___ Clean?</p> <p>___ ___ Windows in Good Condition?</p> <p>___ ___ Floor in Good Condition?</p>	<p>YES NO</p> <p>___ ___ Adequate Lighting?</p> <p>___ ___ Hand Washing Facility?</p> <p>___ ___ Clean Toilet Facility?</p> <p>___ ___ Sanitary Drinking Facility?</p> <p>___ ___ Emergency Flashlights on Hand?</p> <p>___ ___ First Aid Kits on Hand?</p>
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THE EXITS (Check those that apply)

<p>YES NO</p> <p>___ ___ Two or more emergency exits available?</p> <p>___ ___ Unlocked and easily accessible?</p> <p>___ ___ Sufficiently far apart?</p> <p>___ ___ Crash bar on doors?</p>	<p>YES NO</p> <p>___ ___ Exit signs installed?</p> <p>___ ___ Exit signs lighted?</p> <p>___ ___ All doors swing out?</p>
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IF ROOM IS ABOVE FIRST FLOOR (Check those that apply)

<p>YES NO</p> <p>___ ___ Close to stairs (less than 100 feet/30m)?</p> <p>___ ___ Doors and stairs unobstructed, litter free?</p> <p>___ ___ Stairs in good repair?</p> <p>___ ___ Stair handrail provided?</p> <p>___ ___ Stairway lighted?</p> <p>___ ___ Stairs wide enough for two persons?</p> <p>___ ___ Floor in Good Condition?</p>	<p>YES NO</p> <p>___ ___ Carpet or treads secure?</p> <p>___ ___ Stairway enclosed?</p> <p>___ ___ Enclosures fitted with fire doors?</p> <p>___ ___ Outside fire escape installed?</p> <p>___ ___ Fire escape in good repair?</p> <p>___ ___ Fire escape used for fire drills?</p> <p>___ ___ Wheel Chair Accessible</p>
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SCOUTS CANADA MEETING SPACE RISK ASSESSMENT CHECKLIST

FIRE PROTECTION (Check those that apply)

YES NO

- Portable extinguisher available and properly located
- Extinguisher is suitable for the following types of fires:
A. Ordinary combustibles
B. Flammable liquids
C. Electrical equipment
- Extinguisher ready for use? (should be tagged to show inspection within one year)
- Any hazard from rubbish or flammable material?
- Any hazard from oily rags or mops? (spontaneous combustion)
- Smoke alarm system installed and tested?

YES NO

- Heating system inspected within a year?
- Walls, ceilings, floors protected from stoves or pipes overheating?
- Open fireplaces protected by screens?
- Electric wiring, switches, extension cords in good repair?
- Accessible telephone in building?
- Fire department number posted?
- Location of nearest fire alarm known to all members?
- Alarm procedure taught to members?

FIRE DRILL (Check those that apply)

YES NO

- Has the Section a plan for conducting fire drills?
- Is a fire plan posted?
- Are fire evacuation drills practiced frequently?
- Was a drill demonstrated or taught to members beginning of every season?

YES NO

- Are members able to evacuate building if filled with smoke or if lights go out?
- Do training drills include use of alternate exits?
- Are members trained in home fire safety plan and exit drill?
- Are members aware of evacuation procedures?

BUILDING EVACUATION (Check those that apply)

YES NO

- Does the Group have plans for likely natural disasters?
- Does the Group have emergency plans/drills for likely extreme weather conditions?
- Does the Section Lead have an Emergency Go Bag which should include a Registration list?
- Does the Section Lead have a phone tree in order to contact the parents?

YES NO

- Are members aware of evacuation procedures?
- Do members know of the 4 Evacuation Rules: Don't Talk! Don't Push! Don't run! Don't turn back!
- Do members know where the Emergency Assembly Area (EAA) is?
- Have members practiced going to the Emergency Assembly Area (EAA)?

RECOMMENDATIONS (Please print clearly)

Write your detailed recommendations below (or on a separate sheet attached to this report.) Please note any other conditions which are hazardous to health, personal safety, or fire safety.

SIGNATURES (Please print clearly)

RISK ASSESSORS Name _____ Signature _____

Name _____ Signature _____

**SECTION SCOUTER
IN ATTENDANCE**

Name _____ Date of Risk Assessment _____

SPONSOR/PARTNER RECORD (Please print clearly)

Did the chartered organization representative participate in the Meeting Space Risk Assessment? YES NO

Report Reviewed by:

Name of Sponsor/Partner Representative

Name of Sponsor/Partner Organization

Group Commissioner

ACTION TAKEN (Please print clearly)

[Large empty box for recording action taken]

