

Registration Service - Application to Licence a Venue for Civil Ceremonies
 (This form can be used by applicants and also for internal inspections)

HEALTH & SAFETY CHECKLIST

Name of premises:	
Telephone No.	
Person completing this form:	(in CAPITALS)
Date:	
E-mail:	

Name(s) of Approved Rooms	1
	2
	3
	4
	5
Public Liability Insurance - Please attach a copy	
If parking is provided on site is the surface in good condition?	
If YES – what type of surface is it?	
Is the entrance and parking area lit?	
Floor Covering What type of floor covering is in the approved room(s)?	1
	2
	3
	4
	5
Is the flooring in all rooms in good condition?	
Access & Egress Is there level access to the premises and approved room(s)?	
If NO – how do people with mobility problems access the premises / room(s)?	
Glazing Are any glass panels at shoulder height or below? (eg in doors, door panels, window & wall partitions)	
If YES – how is the glazing protected against breakage?	

First Aid Provision What first aid cover is available during ceremonies? e.g. number of First Aider	
Health & Safety Management Who is the person responsible for day to day health and safety management? Are risk assessments completed for ceremonies? (please provide)	
Fire Risk Assessment – (it is a statutory requirement to do a FRA) When was this completed? (please provide)	
Welfare Facilities Are sufficient welfare / toilet facilities available? Are disabled facilities available?	
General facilities management Are there processes in place to manage the upkeep of the premises to a satisfactory standard? Are there any other rooms that the registrar will need to have access to apart from the approved rooms? (please detail)	
Name of person responsible (if not the person completing this form)	
I declare that the information provided in this checklist is true and accurate to the best of my knowledge.	
Name	Signature
Any other comments you wish to add:	

Further advice and support on completion of this form is available from Staffordshire County Council's Strategic Health & Safety Service who can be contacted on 01785 355777

PLEASE RETURN THIS FORM, TOGETHER WITH YOUR RENEWAL APPLICATION FORM, CHEQUE AND OTHER PAPERWORK TO:

**STAFFORDSHIRE REGISTRATION SERVICE
2 STAFFORDSHIRE PLACE
TIPPING STREET
STAFFORD
ST16 2LP**

For the attention of Claire Bradshaw