

Venue and Session Self-Assessment

Pocket Money Adventures CIC | Version 1.0

Document control	Record
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Document owner	Nathan Waldron, Director and Health and Safety Officer
Review	At each relevant change or incident; scheduled review 2 October 2027
Issue record	Adopted by Pocket Money Adventures CIC on 2 October 2026. Signed electronically: Nathan Waldron, Director and Designated Safeguarding Lead. Signed electronically: Bernadette Houlton, Director and Deputy Designated Safeguarding Lead. Typed electronic signatures in the established policy format.

Reusable assessment and pre-delivery check

Complete with the host before the first visit, finish the physical check on arrival, and repeat after any relevant change. This is a printable completion form; blank fields and “pending” are not approvals. Use alongside the policy/register and the host’s own assessment.

Venue / room _____

Date / times _____

Activity / age range _____

Assessor / role _____

Host contact / number _____

Safeguarding contact / absence route _____

School supervision lead (if applicable) _____

Headcount category	Number
Children	_____
Parents/carers	_____
School/host staff, volunteers, observers	_____
PMA facilitators	_____
Total people (maximum 50, subject to lower assessed limit)	_____
Host room limit / assessed session limit	_____ / _____

Agreed format, supervision and any reduced limit:

1. Booking and headcount

Record date/time, venue/room, format, children, accompanying adults, school/host staff, observers and PMA. Total <=50; lower venue/session limit recorded. Confirm no unsafe changeover overlap.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

2. Responsible adults

Name school/host supervisor, safeguarding contact and absence route. Staff/adults remain throughout; toilet/quiet-space/collection arrangements agreed. No unsupervised PMA child contact.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

3. Venue and public access

Confirm suitable seated/activity layout, escape routes, safe capacity and public circulation. Record room condition, stairs/level changes, security and set-up access.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

4. Fire and assisted evacuation

Alarm, exits, assembly point and evacuation leader confirmed. Host provides assistance plan where needed, with safe routes. Level access alone is insufficient.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

5. First aid and medical needs

Named trained cover and absence cover, kit/AED where available, emergency access and 999 address. School/host holds medication/care plans. Verify PMA worker provision.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

6. SEND and sensory adjustments

Ask for practical adjustments without children's names. Predictable sequence, visuals, processing time, optional participation, ear defenders and supervised quiet space. Check sound/light/glare.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

7. Materials and furniture

Age-appropriate resources checked; no small parts/food/sharp tools in standard session. Tables/chairs stable, floor clear, storage away from exits; handling assistance agreed.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

8. Electrical and screen equipment

Responsible operator named; leads/plugs checked, stands stable, cables protected, hot parts inaccessible and maintenance suitable. No damaged equipment used.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

9. Safeguarding and DBS

Verify certificate identity/scope by appropriate confidential route; no inference of barred-list or Update Service status. Brief current procedures, host route and training evidence.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

10. Data and photography

No child personal data for routine delivery. No photography/recording by default. Any authorised exception agreed before capture; secure incident/safeguarding records.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

11. Insurance and competence

Check valid cover for declared activity and capacity, current documentation and competent staffing. Record insurer clarification if needed; do not assume a policy limit establishes cover.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

12. Travel and lone working

Journey plan, safe lifting, licence/insurance where relevant, check-in recipient and missed-contact escalation confirmed.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

13. Emergency or distress

Agree lost-child, lockdown, medical and distress response and quiet-space supervision. Escalation does not depend on finishing session.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

14. Reset and close

Account for group under host procedure, remove materials/trip hazards, report concerns, sign out and send departure check-in. Review incidents/feedback before next group.

Status: Yes / No / Not applicable / Pending Evidence or action: _____
Owner: _____ Due: _____ Verified by/date: _____

Risk changes and decision

Record any additional hazard or absent control; use continuation sheets as needed.

Field	Record
Hazard / people at risk	_____
Existing controls and evidence	_____
Initial likelihood / severity / score	____ / ____ / ____
Additional action / responsible owner / due	_____
Residual likelihood / severity / score after verification	____ / ____ / ____
Verification evidence / reviewer / date	_____

Decision: Proceed / Proceed at reduced numbers or revised format / Do not proceed

Conditions and reasons: _____

PMA assessor: _____ Date/time: _____

Host confirmation: _____ Date/time: _____

Stop conditions: missing supervision or safeguarding contact; unsuitable first aid; blocked/unusable exits or unresolved accessible evacuation; unknown/exceeded capacity; unsafe equipment/materials; unmanageable individual needs; high residual risk; absent suitable cover. An unanswered essential item remains open and prevents start.

Post-session review

Actual headcount _____ Incident/near miss: Yes / No

Action and owner _____

Changes required before next session _____

Review completed by/date _____