

House Management Pre-Event Safety Inspection Report

Event Title: _____ Performance Venue: _____

Date: _____ Inspected By: _____

Instructions: Check-off **YES** when potential hazards or referenced safety standards do not exist. Submit this form via email to Joanne Kreuser within one day following inspection.

General:

ACTION NEEDED:

- 1. Exits unobstructed and signs visible to audience? YES _____
- 2. Aisles unobstructed? YES _____
- 3. Corridors clear? YES _____
- 4. Floors free of slip, trip or fall hazards? YES _____
- 5. Flashlight / emergency lighting available? YES _____
- 6. All lobby lights functional? YES _____
- 7. All house lights functional? YES _____
- 8. First Aid kits fully supplied? YES _____
- 9. All emergency number readily available? YES _____

Fire Prevention:

- 10. Fire extinguisher inspected and unobstructed? YES _____

Electrical Services / Systems:

- 11. Electrical control panels / switches unobstructed and labeled? YES _____
- 12. Electrical plugs in good condition and grounded? YES _____
- 13. No extension cords improperly used? No power taps? No improper power strips, not daisy chained? YES _____

Other:

- 14. _____ YES _____
- 15. _____ YES _____
- 16. _____ YES _____
- 17. _____ YES _____

Item Number	Corrective Action and Person Assigned:	Target Date:

For additional items, see Page 2

Plan Completed By: _____

Reviewed By: _____

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Page 2, Additional Items

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