

This form is appropriate when using a facility for groups during excursions. It may, for instance, be used when booking an indoor bowling alley or checking an outdoor site for which a payment is normally made by the public for entry. A site or facility for which the public do not normally pay is to be treated as a site for activity. Whether or not the facility is known to the Excursion Leader, some form of formal Risk Assessing should be carried out. Ideally this form should be processed via Fax or mail but, because of time-constraints, this might be difficult. The points may be put as questions 'over the phone' to the provider but Excursion Leaders **MUST** clearly sign and date the form in their **OWN** name so that it is apparent to the Head or Service Approver.

The Excursion Leader/Organiser fills in this part

Visiting Group: _____

Name of Site/Facility: _____

Visit Organiser's name: _____

Contact Address: _____

Contact telephone number : _____ Leader's Mobile No. _____

Date(s) and time(s) of visit: From _____ To _____

Group Numbers:

Female: _____ Age range: _____ Male: _____ Age range: _____

Female staff members : _____ Male staff members: _____

Additional requests:

To the Facility Manager

Listed below, and for your convenience, are features ideally required by visiting groups. Where you cannot comply or are not entirely certain, you must state so on the declaration overleaf.

Group leaders should ensure that –

1. Where appropriate the premises are covered by a current Fire Certificate and/or has been subject to a Fire Risk Assessment under the Fire Precautions (Workplace) Regulations or meets local fire regulations.
2. The site or facility is covered by suitable and adequate public liability insurance.
3. Where there are dangers to the public or visitors, there are barriers or adequate warning notices.
4. Risk Assessments are available for inspection.
5. Where appropriate, there are suitable changing facilities for groups of both sexes.
6. Where changing rooms exist, there are showering facilities.
7. The premises are suitable for those with disabilities.
8. Where manning of reception is absent, there is a call system covering emergencies.
9. There are adequate toilet and washing facilities.
10. Any emergency procedures/escape routes are clearly marked and are easy to follow in the event of a fire or other emergency.
11. Where present all fire doors function properly.
12. When food is provided, it is prepared and served by qualified persons, each with at least the relevant Elementary Food Hygiene Certificate.
13. There is adequate space for storing clothes, luggage etc, and for the safe keeping of valuables.

Declaration by Facility Manager

This form is to be completed by the Facility Manager or representative, then returned to the visit organiser at the contact address shown.

Type of facility: _____

Name and Address of Facility _____

Telephone number at Facility _____ mobile _____

Fax _____ email _____

Manager or Representative's name: _____

All 13 ideal requirements overleaf can be met satisfactorily Yes No

The following facility or feature **may not** be suitable for the proposed visit:

The following facilities are **not** available –

The following additional facilities are available

Signed _____

Date _____

(Please add or attach any additional information which may be useful)

Checked by Excursion Leader
Sign and date