

**MSV Recreational Boat Operator
On-Site Training Venue Inspection Checklist**

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|---|--|
| Venue Name: | Location: |
| Site Induction Contact: | Training Date: ____ / ____ / ____ |
| Contact No: | |
| Emergency Procedures | Facilities |
| <input type="checkbox"/> Emergency Procedure <input type="checkbox"/> Emergency Exits <input type="checkbox"/> Fire extinguisher location <input type="checkbox"/> First Aid kit location | <input type="checkbox"/> Access to amenities <input type="checkbox"/> Coffee / Tea making facilities <input type="checkbox"/> Parking |
| Occupational Health & Safety | Controls |
| <input type="checkbox"/> Access and Egress is clear <input type="checkbox"/> No trip hazards such as cables or uneven floor surfaces. <input type="checkbox"/> Electrical appliances such as urn for making coffee/tea are in good order and on a stable counter with good access. | _____ _____ _____ |
| Training Space | Equipment |
| <input type="checkbox"/> Adequate size for number of Participants <input type="checkbox"/> Adequate seating for number of participants <input type="checkbox"/> Room layout, seating, is appropriate for the purposes of training and assessment. <input type="checkbox"/> Adequate Heating / Air conditioning <input type="checkbox"/> Adequate Lighting | <input type="checkbox"/> White board <input type="checkbox"/> Projector <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Inspection Conducted by: | |
| Name: _____ | Signature: _____ |
| Inspection Date: ____ / ____ / ____ | |