



Venue Inspection Checklist

Event Name: _____
Date of Inspection: _____
Venue Name: _____
Contact Person: _____
Contact Information: _____

General Information

Date of Event: _____
Event Start Time: _____
Event End Time: _____
Estimated Number of Attendees: _____
Parking Availability: ☐ On-site ☐ Off-site ☐ Valet
Accessibility for Guests with Disabilities: ☐ Yes ☐ No
Nearby Accommodations: ☐ Yes ☐ No
Contact Person: _____
Contact Information: _____

Venue Layout and Amenities

Overall Appearance and Cleanliness: ☐ Satisfactory ☐ Unsatisfactory
Indoor/Outdoor Space: ☐ Indoor ☐ Outdoor ☐ Both
Seating Capacity: _____
Restroom Facilities: ☐ Adequate ☐ Inadequate
Kitchen/Catering Facilities: ☐ Available ☐ Not Available
AV Equipment: ☐ Available ☐ Not Available
Wi-Fi Availability: ☐ Available ☐ Not Available
Stage or Performance Area: ☐ Available ☐ Not Available
Coat Check Area: ☐ Available ☐ Not Available
Smoking Area Designated: ☐ Yes ☐ No
Security Personnel: ☐ Provided ☐ Not Provided

Logistics and Setup

Bump-In/Bump-Out Accessibility: ☐ Good ☐ Fair ☐ Poor
Storage Space for Event Supplies: ☐ Available ☐ Not Available
Setup and Teardown Restrictions: ☐ None ☐ Limited ☐ Severe
Electrical Outlets: ☐ Sufficient ☐ Insufficient

Parking and Transportation

Nearby Parking Facilities: ☐ Yes ☐ No
Public Transportation Access: ☐ Yes ☐ No
Shuttle Services Available: ☐ Yes ☐ No

Safety and Emergency Preparedness

Fire Exits Clearly Marked: ☐ Yes ☐ No
First Aid Stations Available: ☐ Yes ☐ No
AED (Automated External Defibrillator) on Site: ☐ Yes ☐ No
Emergency Evacuation Plan: ☐ Available ☐ Not Available

Additional Notes and Comments

Overall Assessment

☐ Suitable for the Event
☐ Requires Further Evaluation
☐ Not Suitable for the Event

Recommendations

☐ Request Additional Information
☐ Negotiate Terms and Conditions
☐ Schedule Follow-up Inspection

Event Manager: _____
Signature: _____
Date of Completion: _____