

THEATER & EVENT VENUE SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Entrance & Exit Safety

- Yes No — Entryways and exits are clear and unobstructed
- Yes No — Emergency exits are clearly marked and accessible
- Yes No — Exit signs are illuminated and functioning
- Yes No — Crowd control measures are in place for high-traffic events

Fire Safety Measures

- Yes No — Fire extinguishers are available, inspected, and accessible
- Yes No — Fire alarms and sprinkler systems are operational
- Yes No — Flammable materials are stored properly
- Yes No — Emergency evacuation plans are posted

Seating and Audience Areas

- Yes No — Seats are in good condition and securely anchored
- Yes No — Aisles are wide enough and kept clear
- Yes No — Accessible seating options are available
- Yes No — No visible tripping hazards or loose flooring

Stage and Backstage Areas

- Yes No — Stage flooring is secure and free of obstructions
- Yes No — Rigging and overhead equipment are properly secured
- Yes No — Lighting and sound systems are inspected regularly
- Yes No — Cables and wires are organized and taped down

Electrical and Mechanical Systems

- Yes No — All electrical panels are accessible and labeled
- Yes No — No exposed wiring or damaged outlets
- Yes No — HVAC systems are operational and maintained
- Yes No — Backup power systems are functional (if applicable)

General Facility Conditions

- Yes No — Floors, walls, and ceilings are clean and maintained
- Yes No — Restrooms are stocked and in working order
- Yes No — Lighting is adequate throughout the venue
- Yes No — Staff are trained in emergency response procedures

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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