

**Training Venue Checklist for SDPs implementing PSETA programmes**

|  |  |
| --- | --- |
| Name of SDP |  |
| Address of the Site |  |

1. **PHYSICAL RESOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Criteria | Yes | No | Comment/Evidence |
| Are there any changes to the original policy & procedure documents? I.e. was the policy reviewed? |  |  |  |
| Current lease agreement for office rental? |  |  |  |
| Training rooms well maintained? |  |  |  |
| Training room/s ventilated/ warmed during winter? |  |  |  |
| Adequate equipment/s available for smooth training implementation? |  |  |  |
| Is the sitting arrangement conducive for training? Facilitator visible to all learners? |  |  |
| Training facilities accommodative of disabled persons? |  |  |
| Is the light intensity in the training room easy for the eyes |  |  |

1. **HEALTH AND SAFETY**

| Criteria | Yes | No | Comment/Evidence |
| --- | --- | --- | --- |
| Are there any changes to the original policy & procedure documents? I.e. was the policy reviewed? |  |  |  |
| Are there visible safety signs? E.g. Exit signs? |  |  |  |
| Is there a fire extinguisher in the building? |  |  |  |
| Is there a Health and safety committee in place? |  |  |  |
| Are there evacuation rules visible to everyone in the building?  Are there evacuation rules visible to everyone in the training room? |  |  |  |
| Is there an assembly point identified and known to all employees and learners in the building? |  |  |  |
| Are there health hazards in the training room? |  |  |  |
| Are toilets cleaned adequately for human use? |  |  |  |
| Is there a first aid box in case of emergencies? |  |  |  |

1. **COMPLIANCE WITH COVID-19 REGULATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **Comment/Evidence** |
| Is Social distancing Observed? Please indicate measurements |  |  |  |
| Are learners, staff and visitors screened? Provide details   * Temperature taken? * Register kept? |  |  |  |
| Are the premises sanitized regularly? Please provide details e.g How often? |  |  |  |
| Are learners provided with sanitizers and Masks/Facial Screens? |  |  |  |
| Is there an isolation area? |  |  |  |
| Is there a Covid-19 Task Team onsite? |  |  |  |

**Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**