Operator Self-Assessment & Assessment Checklist

Business Name: _____

Premises Address: _____

Safety Champion: _____

Assessment Date: _____

Assessor Name: _____

Licence Number (if applicable): _____

Charter Compliance Checklist

Section 1: Safety Champion

Requirement	Yes	No	N/A	Comments/Evidence
Safety Champion appointed	☐	☐	☐	
Staff know who the Champion is	☐	☐	☐	
Champion understands responsibilities	☐	☐	☐	
Champion has completed required training	☐	☐	☐	

Section 2: Communication

Requirement	Yes	No	N/A	Comments/Evidence
Charter signage displayed	☐	☐	☐	
Ask for Angela signage displayed	☐	☐	☐	
Ask for Clive signage displayed	☐	☐	☐	
Reporting information	☐	☐	☐	

visible to customers				
Reporting information visible to staff	☐	☐	☐	
Unacceptable behaviour messaging displayed	☐	☐	☐	

Section 3: Staff Support

Requirement	Yes	No	N/A	Comments/Evidence
Staff encouraged to report concerns	☐	☐	☐	
Harassment reporting arrangements in place	☐	☐	☐	
Staff support information available	☐	☐	☐	
Local support services information available	☐	☐	☐	
Employee Assistance information available (where applicable)	☐	☐	☐	

Section 4: Reporting Procedures

Requirement	Yes	No	N/A	Comments/Evidence
Written reporting policy in place	☐	☐	☐	
Incident escalation procedure documented	☐	☐	☐	
Incident logbook/reporting system available	☐	☐	☐	

Staff trained in responding to disclosures	☐	☐	☐	
Staff know when to contact Police	☐	☐	☐	
Staff know when to contact emergency services	☐	☐	☐	

Section 5: Safety Measures

Requirement	Yes	No	N/A	Comments/Evidence
CCTV operational and maintained	☐	☐	☐	
Adequate internal lighting	☐	☐	☐	
Adequate external lighting	☐	☐	☐	
Safe space available	☐	☐	☐	
Staff know how to use safe space procedure	☐	☐	☐	
Ask for Angela response procedure understood	☐	☐	☐	
Ask for Clive response procedure understood	☐	☐	☐	
Spiking response procedure understood	☐	☐	☐	
Area agreed with PALO (licensed premises)	☐	☐	☐	
Engagement with neighbourhood policing team	☐	☐	☐	

Participation in Daysafe/ Nightsafe meetings where appropriate	☐	☐	☐	

Section 6: Training & Initiatives

Requirement	Yes	No	N/A	Comments/Evidence
Ask for Angela implemented	☐	☐	☐	
Ask for Clive implemented	☐	☐	☐	
Sexual harassment awareness training completed	☐	☐	☐	
Counter Terrorism (ACT) training completed	☐	☐	☐	
Training records maintained	☐	☐	☐	
Refresher training completed within 12 months	☐	☐	☐	

Additional Requirements for Licensed Premises

Requirement	Yes	No	N/A	Comments/Evidence
Spiking awareness training completed	☐	☐	☐	
Responsible alcohol sales training completed	☐	☐	☐	
ID Retention Policy in place	☐	☐	☐	
Staff trained on age verification procedures	☐	☐	☐	
Refusals/	☐	☐	☐	

Incident book maintained				

Documents Reviewed

☐ Staff Training Records

☐ Incident Log

☐ Reporting Procedure

☐ Harassment Policy

☐ Equality Policy

☐ CCTV Maintenance Records

☐ Premises Licence (where applicable)

☐ Refusals Log (where applicable)

☐ Other: _____

Staff Interviews

Question	Confirmed
Can staff identify the Safety Champion?	☐
Can staff explain how to report an incident?	☐
Can staff explain Ask for Angela/Clive procedures?	☐
Can staff identify the safe space?	☐
Can staff explain escalation procedures?	☐

Assessment Outcome

Overall Result

☐ PASS

☐ PASS SUBJECT TO ACTIONS

☐ FURTHER IMPROVEMENTS REQUIRED

Improvement Actions

Action Required	Responsible Person	Target Date

Assessor Comments

Declaration

I confirm that the above assessment has been completed in accordance with the Cheltenham Night-Time Economy Charter.

Assessor Signature: _____

Date: _____

Operator Signature: _____

Date: _____