The purpose of this checklist is to assist the Environmental Health Service in responding to your application for a Public Entertainment Licence that involves the use of inflatable play equipment, including bouncy castles. Our Service requires you to verify that effective management arrangements will be implemented for this activity taken into account the following health and safety guidance:-

* HSE Guidance on Inflatable Play Equipment <http://www.hse.gov.uk/entertainment/fairgrounds/inflatables.htm>
* Information Sheet 49 – “Safe Use and operation of inflatable play equipment including bouncy castles” – produced by TIPE (The Inflatable Play Enterprise) [www.tipe.co.uk/info49.pdf](http://www.tipe.co.uk/info49.pdf)
* BS EN 14960:2013 Inflatable play equipment – safety requirements and test methods.
* PIPA – [www.pipa.org.uk](http://www.pipa.org.uk)

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| **Where inflatable play equipment, including bouncy castles, are to be provided at your event you are requested to complete the checklist overleaf and submit it as part of your PEL application. Failure to do this may result in a delay in the processing of your application and/or objection by Community Services – Environmental Health.** |

**Guidance on completing checklist**

* The use of inflatable devices should be safe and enjoyable occasions. Please ensure that you have taken time to read the guidance detailed above prior to completing the checklist.
* It is important that you consider all aspects of the above guidance when planning and organising activities where inflatable devices are in use. Suitable arrangements based upon the type of inflatable device, anticipated numbers likely to be participating in the activity, the proposed location of the equipment and prevailing weather conditions should then all be taken into account and effective management arrangements implemented.
* Even if your event/activity has been run successfully for a number of years it is important that you review your safety arrangements to ensure they remain effective and take into account local circumstances and current best practice guidelines.
* The attached checklist should not be regarded as an exhaustive list. The checklist is simply intended to provide confirmation to our Service that you are aware of the relevant guidance and have taken appropriate steps to ensure the safety of all those who may participate in the activity or who may be affected by the use of the inflatable play equipment, including bouncy castles..
* It is your responsibility as the event organiser/activity provider to ensure the safety of persons who may use the inflatable play equipment, including bouncy castles.
* Where any answer in the checklist is NO, please note our Service may require to object to your licence application unless suitable explanation can be provided outlining the reasons why this is the case.

**Further Advice**

For further information please refer to the HSE website ([**www.hse.com**](http://www.hse.com)) and the guidance specified above.

Alternatively please Email: **envhealth@highland.gov.uk**or contact **Environmental Health on Tel: 01349 886603**

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| --- | --- | --- | --- |
| **Name of Applicant** |  | **Application Ref. No** |  |
| **Address of Premises to be licensed** |  | **Date of Event** |  |
| **Please tick ( ) as appropriate** | **Yes** | **No** |
|  | I have read and understood the relevant [HSE guidance](http://www.hse.gov.uk/entertainment/fairgrounds/inflatables.htm) on the use of inflatables, and the associated guidance contained within Information Sheet 49 – “Safe Use and operation of inflatable play equipment including bouncy castles” – produced by TIPE (The Inflatable Play Enterprise) [www.tipe.co.uk/info49.pdf](http://www.tipe.co.uk/info49.pdf) |[ ] [ ]
|  | I confirm that a suitable and sufficient risk assessment has been undertaken for the use of the inflatable play equipment at this event. |[ ] [ ]
| 3 | I confirm that the inflatable play equipment to be used has been inspected and tested annually through either the PIPA (Pertexa Inflatable Play Accreditation) certification scheme or the ADIPS (Amusement Device Inspection Procedures Scheme). Copies of such certification are available for inspection if necessary.  |[ ] [ ]
| 4 | I confirm that the inflatable play equipment to be used is clearly marked with its limitations of use? |[ ] [ ]
| 5 | I confirm that I will follow the manufacturer’s instructions for the inflatable play equipment |[ ] [ ]
| 6 | I confirm that the inflatable structure will be provided with an adequate anchorage and/or ballast system as per the manufacturer’s guidance prior to public use. Each inflatable will have at least 6 anchorage points. The ropes used to secure the inflatable should be in good condition and not stretched, frayed or rotten. |[ ] [ ]
| 7 | I confirm that all operators and attendants of the inflatable play equipment will have been provided with effective training and instruction in the working of the device and its safe operation? |[ ] [ ]
| 8 | I confirm that the operator in charge of the inflatable play equipment when available for use to the public will be at least 18 years of age and that any attendants assisting in its operation will be at least 16years of age?  |[ ] [ ]
| 9 | I confirm that adequate precautions will be taken in adverse weather conditions. Inflatables will **no**t be used when the wind speed or gusts exceed the manufacturer’s recommendations. All inflatable operators will have available an anemometer for measuring wind conditions. |[ ] [ ]
| 10 | I confirm that routine daily check will be conducted on the inflatable device prior to the first use on each day of use, and at suitable intervals thereafter in accordance with the manufacturers instructions  |[ ] [x]
| 11 | I confirm that all portable electrical equipment associated with the operation of the inflatable play equipment has been PAT tested and deemed to be safe to use |  |  |
| 12 | I confirm that in the event a defect is found which could possibly lead to danger, the public will not be permitted to use the device until the cause has been identified and remedied. |[ ] [ ]
| **Declaration (To be completed by the applicant and/or the activity provider)** |
| I declare that the above checklist has been completed accurately and is a true reflection of the arrangements that will be in place for the use of inflatable play equipment:  |
| Print Name:  |  | Signed: |  |  |
| Applicant/Activity Provider*(Please delete as appropriate)* | Date: |  |  |