

DSC Compliance Audit Template

Venue/Event Name: _____
Tier Classification: ☐ Standard (200–799) ☐ Enhanced (800+)
Responsible Person: _____
Date of Audit: _____
Auditor (if applicable): _____

Section 1: Legal Duties & Responsible Person

Criteria	Yes	No	Notes / Evidence
Responsible Person formally appointed	☐	☐	
Tier classification determined and documented	☐	☐	
Security Plan completed and reviewed within the last 12 months	☐	☐	
Staff aware of their roles under Martyn's Law	☐	☐	

Section 2: Training and Awareness

Criteria	Yes	No	Notes / Evidence
All staff/volunteers have completed ACT e-learning	☐	☐	
Briefings held before each public event	☐	☐	
Regular drills or scenario exercises undertaken	☐	☐	
Training records are documented and accessible	☐	☐	

Section 3: Risk Management and Mitigation

Criteria	Yes	No	Notes / Evidence
Terrorism risk assessment completed and appropriate to tier	☐	☐	
Risk mitigation measures are proportionate and in place	☐	☐	
Records maintained for all identified risks and actions taken	☐	☐	
HVM and access control measures implemented (Enhanced Tier)	☐	☐	

Section 4: Emergency Response Planning

Criteria	Yes	No	Notes / Evidence
Lockdown, evacuation, and shelter-in-place procedures defined	☐	☐	
Emergency contacts up to date and accessible	☐	☐	
Public and media communication protocols prepared	☐	☐	
Plan tested via live or table-top exercise in last 12 months	☐	☐	

Section 5: Documentation and Review

Criteria	Yes	No	Notes / Evidence
Version control applied to the Security Plan	☐	☐	
Training logs, incident logs, and debriefs stored centrally	☐	☐	
Last internal review completed within 6 months	☐	☐	
DSC Security Plan Template used or equivalent structure followed	☐	☐	

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Section 6: Liaison and External Coordination

Criteria	Yes	No	Notes / Evidence
Contact made with CTSA or local police	☐	☐	
Event details shared with SAG or licensing body	☐	☐	
Roles for emergency services and authorities defined in plan	☐	☐	
Stakeholder communication protocols rehearsed	☐	☐	

Summary & Actions

Overall Status:

- ☐ Fully Compliant
- ☐ Minor Improvements Required
- ☐ Significant Improvements Required

Next Steps / Action Plan:

- 1.
- 2.
- 3.

Date for Next Review: