

**EVENT HEALTH AND SAFETY RISK ASSESSMENT FORM**

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| --- | --- | --- | --- | --- | --- |
| Event Name |  | Date |  | Time |  |
| Location |  | Event organiser |  | Event safety controller |  |
| Assessor |  | Date |  | Permission given by |  |

**SECTION 1: Identify hazards** - consider all the activities within the social event and tick the boxes of significant hazards that apply

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| **1** | Fire hazards |  | **8** | Lighting levels |  | **15** | Environmental noise |  | **22** | Lasers |  | **29** | Work with animals |  |
| **2** | Crowd control |  | **9** | Lighting systems |  | **16** | Communication |  | **23** | Fireworks |  | **30** | Chemicals, fumes dust |  |
| **3** | Slips, trips, housekeeping |  | **10** | Heating and ventilation |  | **17** | Violence to attendees or staff |  | **24** | Pyrotechnics |  | **31** | Confined space  |  |
| **4** | Fall of person |  | **11** | Electrical equipment |  | **18** | Marquees |  | **25** | Seating arrangements |  | **32** | Lone working |  |
| **5** | Fall of objects |  | **12** | Use of portable tools |  | **19** | Inflatables |  | **26** | Welfare  |  | **33** | Vehicles, driving |  |
| **6** | Manual handling |  | **13** | Pressurised equipment |  | **20** | Other temporary structures |  | **27** | Sanitation |  | **34** | Machinery/lifting equipment |  |
| **7** | Layout and traffic routes |  | **14** | Noise and vibration |  | **21** | Fairground equipment |  | **28** | Food provision |  | **35** | Other(s) - specify |  |

**SECTION 2: Who may be at risk** – tick the boxes of all relevant persons at risk

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| Employees |  | Contractors |  | Students |  | Children |  | Visitors |  | Special Needs |  |

Please go to Section 3.

**SECTION 3: Risk controls**– For each hazard identified in SECTION 1 and for the persons identified in SECTION 2, complete this section

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| **Hazard No**. | Hazard and risk description  | **L** | **S** | **RS** | **Risk Level** (tick one)***Refer to the risk matrix*** | Controls needed to reduce risks  | **L** | **S** | **RS** | **Remaining Risk Level** (tick one) |
| 0-5 | 0-5 | 0-25 | High | Med | Low |  | 0-5 | 0-5 | 0-25 | High | Med | Low |
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**SECTION 4: Action Plan in the event of an emergency** *- For each hazard identified in Section 3, complete Section 4. Please refer to the Risk Assessment Guidance.*

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| **Hazard No**. | Hazard Description  | Action required (describe) |
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**SECTION 5: Further comments** *– If a more complex assessment is required, continue below:*

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| **DATE OF TASK/EVENT** | **PRINT NAME OF TASK/EVENT LEADER** | **SIGNATURE** | **HAZARDS IDENTIFIED (mark with a tick or a cross)** |
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| --- | --- | --- | --- |
| **Checked by** | **Job Title** | **Date** | **Signature** |
|  |  |  |  |