

2d. Risk Assessment Form



Management of Health and Safety (event name) Risk Assessment

Event being assessed		Date of Event	
Location & summary of the event activities		Assessors Name, Position (as applicable) and tel. number	
Event Organiser		Event Organisers contact details	

A. Persons at Risk:

All Workers	<input type="checkbox"/>	Inexperienced staff	<input type="checkbox"/>	Outdoor Workers	<input type="checkbox"/>
Pregnant Women	<input type="checkbox"/>	Cleaners	<input type="checkbox"/>	Members of the public/visitors	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	Elderly People	<input type="checkbox"/>	Other	<input type="checkbox"/>
Staff with disabilities	<input type="checkbox"/>	Maintenance Staff	<input type="checkbox"/>		

Likelihood		X	Impact		=	Risk Score	
1	Very unlikely		1	Very minor or no injury		1-5	No further controls required
2	Unlikely		2	Minor injury (e.g. cut)		6-8	Further controls to be considered - low priority
3	Possible		3	Serious injury		9-15	Further controls required -medium priority
4	Probable		4	Major injury or permanent disability		16-20	Further controls required -high priority
5	Definite		5	Single or multiple deaths		21-25	Immediate action required

B. Core Hazard Categories

Access/egress	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Hazardous substances	<input type="checkbox"/>	Manual handling	<input type="checkbox"/>	Temperature extremes	<input type="checkbox"/>
Adverse weather	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Hygiene & welfare	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>
Animal	<input type="checkbox"/>	Fall of object from height	<input type="checkbox"/>	Ladders/scaffolding	<input type="checkbox"/>	Radiation	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>
Biological	<input type="checkbox"/>	Fall of person from height	<input type="checkbox"/>	Lifting equipment	<input type="checkbox"/>	Sharp objects	<input type="checkbox"/>	Violence to staff	<input type="checkbox"/>
Collapse of structure	<input type="checkbox"/>	Fire Safety	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Slip/trip/fall	<input type="checkbox"/>	Work Equipment	<input type="checkbox"/>
Crowd Control	<input type="checkbox"/>	Food Hygiene	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Other	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Stress	<input type="checkbox"/>		

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C. Specific Hazards

Hazard Identified (The Potential to Cause Harm)	People at Risk (i.e. performers, public, event organiser, stewards etc)	Mitigating Controls Currently in Place	Likelihood (L)x Impact (Im)	Risk Category Score (L x Im)	Additional Control Measures Required	Revised Likelihood (L x Impact (Im))	Revised Risk Category Score (L x Im)

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