# Identifying Risks for Events

**Consider the Activity or Work Area and identify if any of the risks below are significant**

*(This list is by no means definitive but should give an idea/start – interpret as appropriate)*

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| --- | --- | --- | --- | --- | --- |
| 1 | Fall of person from height |  | 15 | Vehicles on the site/Traffic Management |  |
| 2 | Fall of objects |  | 16 | Extreme weather/change of wind direction |  |
| 3 | Slips, trips, housekeeping |  | 17 | Conditions of surface/field/park |  |
| 4 | Manual handling operations |  | 18 | Radiation sources |  |
| 5 | Display equipment |  | 19 | Work with lasers |  |
| 6 | Lighting levels |  | 20 | Hazardous fumes, chemicals, dust |  |
| 7 | Heating and ventilation |  | 21 | Confined spaces |  |
| 8 | Layout, storage space, obstructions |  | 22 | Condition of buildings and glazing |  |
| 9 | Welfare facilities |  | 23 | Food preparation |  |
| 10 | Electrical equipment/cables etc |  | 24 | Violence & verbal abuse |  |
| 11 | Use of portable tools/equipment |  | 25 | Animals and their behaviour |  |
| 12 | Fixed machinery |  | 26 | Lone working/long hours |  |
| 13 | Pressure vessels (e.g. gas cylinders) |  | 27 | Fire hazards and flammable materials |  |
| 14 | Noise or vibration |  | 28 | Any others (you need to specify) |  |

# Event Risk Assessment Form

Event: ................................................................................. Date of Event: ............................................

Venue: ................................................................................ Organiser: ...................................................

*Severity & Probability of risk 1=Low; 2=Medium; 3=High. If Overall Risk Factor = 9 should this part of event continue?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Persons at risk** | **Severity of Risk 1, 2 or 3** | **Probability of Risk**  **1, 2 or 3** | **Overall Risk Factor** (Severity x Probability) | **Measures required to control risk** | **Action to be taken by** | **Date completed & signature** |
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Page No: ……… Date: ……………….. Risk Assessment prepared by…………………………….

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