|  |  |
| --- | --- |
| **Description of activity/task:** |  |
| **Risk Assessor:** |  |
| **Event/Project Name** |  | **Assessment reference no.:** |  |
| **Assessment date:** |  | **Assessment review date:** |  |
|  |

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| --- |
| **HEALTH & SAFETY RISK ASSESSMENT FORM**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of hazard** | **Who might be harmed?** | **What are you already doing?****(risk controls)** | **Adequate?** |  **What additional controls are necessary?** |
|  Slips and trips | Employee/person undertaking task |  |  | Y/N |  |
| Other employee or volunteer |  |
| Member of public |  |
| Other (please specify) |  |
| Manual handling of equipment | Employee/person undertaking task |  |  | Y/N |  |
| Other employee or volunteer |  |
| Member of public |  |
| Other (please specify) |  |
| Working at height  | Employee/person undertaking task |  |  | Y/N |  |
| Other employee or volunteer |  |
| Member of public |  |
| Other (please specify) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of hazard** | **Who might be harmed?** | **What are you already doing?****(risk controls)** | **Adequate?** |  **What additional controls are necessary?** |
|  Electrical | Employee/person undertaking task |  |   | Y/N |  |
| Other employee or volunteer |  |
| Member of public |  |
| Other (please specify) |  |
| Allergies to food/drink | Employee/person undertaking task |  |  | Y/N |  |
| Other employee or volunteer |  |
| Member of public |  |
| Other (please specify) |  |
| Fire | Employee/person undertaking task |  |  | Y/N |  |
| Other employee or volunteer |  |
| Member of public |  |
| Other (please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Management Action Plan** **(address additional controls identified)** | **Action by who** | **Action by when** | **Completed (date)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |