

## Event Risk Assessment

### 1. Assessment Details

Event description:	Event from date:	Event to date:
	Assessment by:	Position:
	Assessment date:	Review date:

### 2. Persons Exposed

(X as applicable)

<input type="checkbox"/> Employees	<input type="checkbox"/> Guests	<input type="checkbox"/> General public
<input type="checkbox"/> Children	<input type="checkbox"/> Those with special needs	<input type="checkbox"/> Contractors
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Others (specify below)	
Comments:		

### 3. Event Safety Management

(X as applicable)

<input type="checkbox"/> Event team/committee established	<input type="checkbox"/> Event manager appointed	<input type="checkbox"/> Liaison with third parties undertaken
<input type="checkbox"/> Third party H&S and insurance vetted	<input type="checkbox"/> Third party risk assessments reviewed	<input type="checkbox"/> Any licensing requirements complied with
<input type="checkbox"/> Event information provided to participants	<input type="checkbox"/> Relevant qualifications checked	<input type="checkbox"/> Suitability of equipment reviewed
<input type="checkbox"/> Accident procedures established	<input type="checkbox"/> First aid arrangements assessed	<input type="checkbox"/> Emergency arrangements assessed
<input type="checkbox"/> Means of event communication in place	<input type="checkbox"/> Event supervision procedures in place	<input type="checkbox"/> Other (specify below)
Comments:		

### 4. Hazards Identified

(X as applicable)

<input type="checkbox"/> Sports	<input type="checkbox"/> Adventure activities	<input type="checkbox"/> Fairground rides and amusements
<input type="checkbox"/> Children's play areas	<input type="checkbox"/> Temporary demountable structures	<input type="checkbox"/> Falls from height
<input type="checkbox"/> Crowd management	<input type="checkbox"/> Vehicles and pedestrians	<input type="checkbox"/> Food hygiene
<input type="checkbox"/> Fire and explosion	<input type="checkbox"/> Electricity	<input type="checkbox"/> Manual handling
<input type="checkbox"/> Slips and trips	<input type="checkbox"/> Hazardous substances	<input type="checkbox"/> Hazardous equipment
<input type="checkbox"/> Animals	<input type="checkbox"/> Violence	<input type="checkbox"/> Other (specify below)
Comments:		

## 5. Control Measures

Hazard Description:
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