

Name of Event / Activity	Event Date:	Time:
Person conducting assessment:	Position:	
Location of Activity or Event:	Internal <input type="checkbox"/> External <input type="checkbox"/> (tick ✓)	
Activity Co-ordinators/Leaders:		
Describe the activity or event:		
First Aid Officers if required:		

Questions to consider when assessing the activity or event: (Note the following is not an exhaustive list)

1. Is this activity occurring on the Organisation's grounds or in an external location not under your control?
2. Is this activity being run by external contractors? If yes, obtained copies of current public liability insurance certificates and or qualifications, and safe operating procedures?
3. How many persons will be involved in this activity or event at the one time? Over 500 people requires declaration to Insurers.
4. Will children be involved, do persons supervising children have a current Working With Children/Vulnerable Persons Check/Clearance, Blue Card or equivalent?
5. Is there anything on the site or used in the activity or event that has the potential to cause harm to a person?
6. Are amusement devices included in the activity e.g. jumping castles, climbing equipment, compressor, machinery etc? Have maintenance records been provided and reviewed? Is equipment or machinery isolated from access?
7. Will food be supplied for sale or consumption? Consider Food Safety measures?
8. Is a traffic plan required where pedestrians and traffic will interact?
9. Consider the security of the event, adequate lighting, handling of money, storage of valuables?
10. Electrical safety, use residual current devices or safety switches where possible, check condition of leads, and keep leads away from water and walkways.
11. Are there clearly outlined rules and instructions on how the event will operate, and have supervisors or leaders been briefed on the activity and their roles to ensure safe practice?

Table 1 - Likelihood		Table 2 – Consequence		Table 3 Risk Matrix						Table 4: Hierarchy of Control Measures	
Almost Certain	Expected to occur in most circumstances	Insignificant	No injury	Likelihood	Insignificant	Minor	Moderate	Major	Extreme	Eliminate	Eliminate the hazard
Likely	Will probably occur in most circumstances	Minor	First aid required	Almost	Medium	High	High	Extreme	Extreme	Substitute	Use a less hazardous option
Possible	Might occur within a 5 year time period	Moderate	Disabling Injury –Medical treatment	Certain	Low	Medium	High	High	Extreme	Isolate	Isolate hazard from worker
Unlikely	Could occur during a specified time period	Major	Serious injury resulting in hospitalisation, permanent disability, amputation	Likely	Low	Low	Medium	High	High	Engineer	Use a mechanism or method to avoid hazard
Rare	May only occur in exceptional circumstances	Extreme	Fatality (not natural causes)	Possible	Low	Low	Medium	Medium	High	Admin/PPE	Use procedures, training and protective gear
				Unlikely	Low	Low	Medium	Medium	High		
				Rare	Low	Low	Medium	Medium	High		

Low – Medium = Safe to proceed	High = Unsafe, controls must be reviewed / signed off Activity may have conditions applying.	Extreme = Unsafe do not attempt activity
---------------------------------------	---	---

Step 1 List identified hazards and risks	Step 2 Likelihood (Table 1) + Consequence (Table 2) = Risk level (Table 3)	Step 3 Using the Hierarchy of Control Measures (Table 4) identify suitable control measures to eliminate or minimise the level of risk	Has the risk level reduced?
Hazard or Risk	Risk Rating	Control Measures/Actions to be Taken	Y/N

PERMISSION TO PROCEED

Review Completed By: _____

Role of the Reviewer: _____

Date Completed: _____

Outcome of Risk Assessment (apply the legend above and tick ✓)					
Safe	<input type="checkbox"/>	Unsafe (requires review of controls)	<input type="checkbox"/>	Unsafe (activity is not to be attempted)	<input type="checkbox"/>

Sign-off to confirm activity and controls are acceptable and able to occur		
Manager in Charge		Date:

Other notes: