

Date:

Risk Assessment

Assessors Name:		Assessment Reference Number:		Review Date:	
------------------------	--	-------------------------------------	--	---------------------	--

Endorsed By Name:		Signature		Position		Date:	
--------------------------	--	------------------	--	-----------------	--	--------------	--

Description of activity being assessed	Attendance at External Events
---	-------------------------------

Location	Various
-----------------	---------

Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
		S	P	R	RR				S	P	R	RR
Indoor events held in unfamiliar surroundings - Fire, incidents, unfamiliar surroundings, no knowledge of first aid trained staff	Attendees	2	3	6	M	<ul style="list-style-type: none"> Before event starts all staff and guests to be given details of the fire instructions. All staff and guests to be shown fire exit routes and fire assembly points. A register to be kept of all staff and guests in attendance on a daily basis and a roll call to be held at assembly point in the event of evacuation due to fire. Event organiser to ensure emergency procedures are in place and that they are briefed out to all attendees. A nominated person to be held responsible for taking charge in an emergency. 			2	1	2	L

NOTE: See guidance notes before completing this Risk Assessment

Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
		S	P	R	RR				S	P	R	RR
Indoor events held in unfamiliar surroundings - Fire, incidents, unfamiliar surroundings, no knowledge of first aid trained staff	Attendees	2	3	6	M	<ul style="list-style-type: none"> Event organiser to ensure all attendees are kept aware of any significant hazards, or changes that may affect them during the event. All attendees to be made aware of first aid trained staff. 			2	1	2	L

Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
		S	P	R	RR				S	P	R	RR
External events involving sporting activities - Attendees with health problems or disabilities may be subject to harm when participating in unsuitable events	Attendees	2	2	4	M	<ul style="list-style-type: none"> Organisers to check with location regarding the suitability of attendees for such events. Attendees to be given the opportunity to discuss event suitability. Location to provide their own risk assessments prior to event taking place. 			2	1	2	L

Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
External events involving motor vehicles etc - Injuries may occur if attendees fall from vehicles etc.	Attendees	2	3	6	M	<ul style="list-style-type: none"> Organisers to ensure the suitability of the event vehicles etc. by checking maintenance logs. Organisers to ask location to provide relevant risk assessments and control measures in place relating to any such events. 			2	1	2	L

Identified Hazards	Who may be affected	Risk Level before control measures S x P = R				Control measures required	To be actioned by	Completion date	Final Risk level S x P = R			
External events (general) - Injuries may occur if incorrect or no protective equipment is provided	Attendees	2	2	4	M	<ul style="list-style-type: none"> Organiser to check with location to determine what personal protective equipment (PPE) is required and who will provide it. No event to commence without the proper equipment. 			2	1	2	L

GUIDANCE NOTES

R = RISK

SEVERITY x PROBABILITY = RISK

S = SEVERITY

P= PROBABILITY

RR = RISK RATING, High, Medium or Low

RISK	SEVERITY
1-3 = Low	1 = Slight
4-6 = Medium	2 = Serious
7-9 = High	3 = Major

Risk Matrix			
Degree of Risk	1	2	3
1	1	2	3
2	2	4	6
3	3	6	9

RISK SCORE	RISK RATING	ACTIONS REQUIRED
1-3	LOW	Continue to review working practices on a regular basis and implement any additional control measures required within the time scale given in the Risk Assessment.
4-6	MEDIUM	Implement control measures within time scale shown in risk assessment and review working practices on a regular basis. Review tooling and working practices used to reduce the probability of an accident to the lowest level possible (employee consultation should be included in the review)
7-9	HIGH	Do not allow work to start and review working practices Immediately . Implement all the additional control measures identified in the Risk Assessment within the given times scales. Continue to review and implement additional control measures until the probability of an accident is reduced to the lowest level possible. (employee consultation should be included in the review)

I.D	Additional Assessments Required	Time Scale	Date Actioned	Reviewed	Person Responsible

Every effort has been made by JSV Events Ltd to ensure that the information given is accurate and not misleading, however we cannot accept responsibility for any loss or liability perceived to have arisen from the use of any such information. Only Acts of Parliament and Statutory Instruments have the force of law and only the courts can authoritatively interpret the law.

Additional Comments

1. This Risk Assessment needs to be discussed with the employees before they operate the plant / equipment on site to ensure compliance with all control measures through their understanding.
2. Employees are to sign an acknowledgement sheet for their understanding of this Risk Assessment
3. The Risk Assessment is to be reviewed on an annual basis or sooner if changes are made to the plant or working practices or after an accident / near miss.
4. This Risk Assessment must be approved by the nominated person for Health and Safety before being issued as a live document.

Assessors 1 Name:		Signature:		Date:	
------------------------------	--	-------------------	--	--------------	--

Assessors 2 Name:		Signature:		Date:	
------------------------------	--	-------------------	--	--------------	--

The named employees below have been briefed on this Risk Assessment and the relevant Method statement for the task / operation to be undertaken

The following items were covered

- | | |
|--|----------|
| 1. Risk Assessment | YES / NO |
| 2. Method Statements | YES / NO |
| 3. Plant information / manuals | YES / NO |
| 4. Training / License requirements. | YES / NO |
| 5. General site safety Rules | YES / NO |
| 6. COSHH | YES / NO |
| 7. Manual Handling | YES / NO |
| 8. Personal Hygiene | YES / NO |
| 9. Personal Protection Equipment | YES / NO |
| 12. Exposure to micro organisms | YES / NO |
| 13. Vehicle movement and traffic routes | YES / NO |
| 14. Occupational Health Noise | YES / NO |
| 15. Environmental / Spillage & Recycling | YES / NO |

Briefing undertaken by:	Name:	Sign:	Date:
--------------------------------	--------------	--------------	--------------

Position	
-----------------	--

We the undersigned have been fully briefed on this Risk Assessment and other control measures in place to reduce the risk of injury to the lowest possible level. We fully understand our duties as employees to follow the control measures in this Risk Assessment and the Method Statement.

[illegible]