

Event Health and Safety Risk Assessment Form

Event name		Date		Time	
Location		Event organiser		Event safety controller	
Assessor		Date		Permission given by	

Identify hazards: tick the hazards that are relevant to the event

1	Fire hazards	7	Layout and traffic routes	13	Pressurised equipment	19	Fireworks	25	Machinery, lifting equipment			
2	Crowd control	8	Lighting levels	14	Noise and vibration	20	Pyrotechnics	26	Other please specify			
3	Slips, trips, housekeeping	9	Lighting systems	15	Environmental noise	21	Seating arrangements					
4	Fall of person	10	Heating and ventilation	16	Communication	22	Chemicals fumes dust					
5	Fall of objects	11	Electrical equipment	17	Marquees	23	Confined space					
6	Manual handling	12	Use of portable tools	18	Inflatables	24	Vehicles, driving					

Who may be at risk: tick the boxes of all relevant persons at risk

Employees		Contractors		Students	
Children		Visitors			

Risk controls: Identify the hazards and control for all risks identified.

Hazard No.	Hazard description	Existing controls	Risk level			Further action needed	Completed
			High	Med	Low		