## Event Health and Safety Risk Assessment Form

<table>
<thead>
<tr>
<th>Event name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Event organiser</td>
<td>Event safety controller</td>
</tr>
<tr>
<td>Assessor</td>
<td>Date</td>
<td>Permission given by</td>
</tr>
</tbody>
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### Identify hazards: tick the hazards that are relevant to the event

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

### 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.

<table>
<thead>
<tr>
<th>Hazard No.</th>
<th>Hazard description</th>
<th>Existing controls</th>
<th>Risk level</th>
<th>Further action needed</th>
<th>Completed</th>
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