



Event Risk Assessment

This form is to help you think through the activity in advance of the day to ensure it is well planned, everyone has a great time and isn't put at any unnecessary risk. Use an additional blank sheet of paper if you run out of space.

Description of planned activity

What _____

Where _____

When _____

Coordinator _____

* if the risk after the plan is unlikely to happen or will not cause serious injury then it is an **acceptable** risk. If the risk, after putting together the plan, is likely to happen or cause serious injury then this is an **unacceptable** risk and other ways of working need to be found. This could be improved working methods or handing the project onto the Area Manager for contractors to do the work. Contact your Volunteer Support Office if you are unsure.

Hazard Delete if not applicable	Who could this affect? Volunteers (V) Participants (P) Children (C) Path users (PU) Residents (R)	What can you do to lower the risk? Consider these suggestions and use them where appropriate with anything else that occurs to you. Note: PPE = Personal Protective Equipment, e.g. gloves, goggles etc.	Plan to manage this hazard What will be done, when, where and by whom? When will you tell people and who must be told?	Participants briefed?	Risk after plan * (Acceptable / unacceptable)
Route:					
Absence of coordinator					

Hazard	Who?	What can you do to lower the risk?	Plan to manage the hazard	Briefed?	Risk?
Participants					
Other route users					
Adverse weather & climate					

Hazard	Who?	What can you do to lower the risk?	Plan to manage the hazard	Briefed?	Risk?
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Other (anything else you have identified)

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Remember to check the risks throughout the workday to make sure they have not got worse, or that new risks have not emerged. If during your planned activity something changes that affects the validity of this assessment, stop! Think about what has changed and what may need to be done to manage any new or additional risks. Record any changes on this sheet and tell everyone about the changes.

Emergency Arrangements
nearest hospital, site access point etc.

First Aid
Location of kit(s)
Names of First Aiders

Contact Details

Name	Role	Responsibilities	Mobile Number

This section is to help you record what you have done – so you can tell participants and partners. It also helps us to improve things for the future.

Summary of the event

How successful was it? What went well?

[Greyed-out response area for 'How successful was it? What went well?']

Did anything go wrong?

[Greyed-out response area for 'Did anything go wrong?']

This risk assessment and plan was written by:

[Greyed-out response area for 'This risk assessment and plan was written by:']

Date:

[Greyed-out response area for 'Date:']