

# Event Risk Assessment

Event Name:  Date:  Venue:

(1) Activity / Area of Concern	(2) Hazards Identified	(3) Persons at Risk	(4) Control measures. Actions to be Taken to Minimize each Risk	(5) Is the level of risk acceptable? (Yes/No)	(6) If 'No' state if hazard is to be removed or what additional control measures are in place to make the level of risk acceptable
<b><u>SITE</u></b>					
Public Entrance / Exit					
Emergency evacuation procedure					
Inclement weather					
Care of children					
Toilet provision					
First Aid					

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Litter					
Risk of fire					
Crowd management  (stewarding)					
Public Address (PA) System					
Moving vehicles					
<b><u>ACTIVITIES:-</u></b>					

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Name of person completing Risk Assessment (printed):

Signature:

Date:

Contact details if different to the main contact as on the outline application form:

**For office use only**

Risk Assessment received by date: