



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

Event health and safety risk assessment form

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

1.	Fire hazards		7.	Layout and traffic routes		13.	Pressurised equipment		19.	Inflatables		25.	Vehicles, driving				
2.	Crowd control		8.	Lighting levels		14.	Noise and vibration		20.	Firework		26.	Machinery/lifting equipment				
3.	Slips, trips, housekeeping		9.	Lighting systems		15.	Environmental noise		21.	Pyrotechnics		27.	Other please specify				
4.	Fall of person		10.	Heating and ventilation		16.	Communication		22.	Seating Arrangements							
5.	Fall of objects		11.	Electrical equipment		17.	Marquees		23.	Chemicals fumes dust							
6.	Manual handling		12.	Use of portable tools		18.	Inflatable's		24.	Confined Space							

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

Employees		Contractors		Students	
Children		Visitors			



EVENT HEALTH AND SAFETY RISK ASSESSMENT FORM

Risk controls– Identify the hazards and control for all risk identified .

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

[illegible]

[illegible]

[illegible]

[illegible]