YOUR LOGO HERE
(Double click to insert)

Event Risk Assessment
Template

Event:_____ **Event Date**:_____ **Venue**:_____ **Organiser**:_____

Hazards Identified	Persons at Risk	Risk Factor (High / Medium / Low)	Measures Required To Control The Risk	Action To Be Taken By (Name)	Date Completed & Signature

Name of assessor (PRINT):_____

Signature: _____ **Date:**_____

Please note your risk assessment must be signed and dated