



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	<input type="checkbox"/>	Contractors	<input type="checkbox"/>	Students	<input type="checkbox"/>
Children	<input type="checkbox"/>	Visitors	<input type="checkbox"/>		<input type="checkbox"/>



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	

