

EVENT SAFETY

Risk Assessment



Event Name:

Date of Assessment:

Version:

Review Date:

Please note that you should consider the risks and hazards which need to be addressed in relation to each stage of the event: the arrival and assembly of participants (workers, volunteers, performers etc., as well as members of the public); peoples' ingress to the event site; their experience during the event; their egress from the event; and their dispersal.

Assessment carried out by:

Countersigned by:

	Who and how?	What are you doing already?	Further action?	Action by
Emergency procedures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Completed <input type="text"/>
Workplace transport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Completed <input type="text"/>
Pedestrian/ Vehicle conflict	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Completed <input type="text"/>
Slips, Trips and Falls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Completed <input type="text"/>

	Who and how?	What are you doing already?	Further action?	Action by
Collapse of Structures				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Hearing Damage				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Medical Emergency				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Lost Children				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Electrical Danger				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Fire Safety				<input type="text"/> <input type="text"/> Completed <input type="text"/>

	Who and how?	What are you doing already?	Further action?	Action by
Gas Safety				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Barrier Failure				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Fairground Rides				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Bouncy Castles				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Fireworks				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Lasers and other special effects				<input type="text"/> <input type="text"/> Completed <input type="text"/>

	Who and how?	What are you doing already?	Further action?	Action by
Food poisoning				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Public Disorder				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Smoke and fogs				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Work at height				<input type="text"/> <input type="text"/> Completed <input type="text"/>
Manual Handling				<input type="text"/> <input type="text"/> Completed <input type="text"/>
				<input type="text"/> <input type="text"/> Completed <input type="text"/>

Who and how?

What are you doing already?

Further action?

Action by

Completed

Completed

Completed

Completed

Completed

If you are unable to send material electronically and need to send the documentation hard copy, please send to:

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