

## SMALL EVENT RISK ASSESSMENT TEMPLATE



<b>What are you doing?</b>	
<b>Who is in charge?</b>	<b>Name:</b> <b>Contact Details:</b>
<b>Where and when are you doing it?</b>	
<b>Who is at risk?</b>	<b>Your Staff / BMT Staff / contractors / visitors / public / children</b>

What are the SIGNIFICANT hazards?							
Access problems to site	<input type="checkbox"/>	Slips & Trips issues	<input type="checkbox"/>	Mud on the road	<input type="checkbox"/>	Need for fencing	<input type="checkbox"/>
Work at height	<input type="checkbox"/>	Waste disposal	<input type="checkbox"/>	Shared workplace with others	<input type="checkbox"/>	Electricity / generator	<input type="checkbox"/>
Vehicle movements	<input type="checkbox"/>	Manual Handling Issues	<input type="checkbox"/>	Dangerous machinery	<input type="checkbox"/>	Need for water supply	<input type="checkbox"/>
Car parking / Vehicle parking	<input type="checkbox"/>	Unloading issues	<input type="checkbox"/>	Livestock	<input type="checkbox"/>	Others (please state):	<input type="checkbox"/>
Food / Food poisoning	<input type="checkbox"/>	Hazardous substances	<input type="checkbox"/>	Temporary structures	<input type="checkbox"/>		<input type="checkbox"/>
Gas cylinders	<input type="checkbox"/>	Lone working	<input type="checkbox"/>	Marquees	<input type="checkbox"/>		<input type="checkbox"/>
Security issues	<input type="checkbox"/>	Fire / Explosion	<input type="checkbox"/>	Provision of toilets	<input type="checkbox"/>		<input type="checkbox"/>

**How are you going to do it safely? If there is a significant hazard above, you need to say how you are going to control it**

- Ensure all staff are trained to do the job. Check machinery before use and make sure guards are in place
- Provide the BMT with our risk assessment and insurance details
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**IS THE RISK AFTER THE CONTROL MEASURES: HIGH / MED / LOW ?**

**PPE Required: (tick all that apply)**

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

