

EVENT RISK ASSESSMENT

Event Name:	
Organisation:	
Event Date(s):	
Location:	
Expected Attendance:	
Event Description (brief):	

RISK ASSESSMENT TABLE

Hazard / Risk	Likelihood (L)	Consequence (C)	Risk Rating (L x C)	Control Measures (What will you do to reduce risk?)	Person Responsible
<i>Example: Slips, trips & falls</i>	<i>Medium</i>	<i>Medium</i>	<i>Medium</i>	<i>Keep walkways clear, signage, regular checks</i>	<i>John Smith</i>

RISK RATING GUIDE

Likelihood	Consequence	Risk Level (Guide Only)
Rare	Insignificant (no injury)	Low – Manage with routine procedures
Unlikely	Minor (first aid)	Medium – Requires specific controls
Possible	Moderate (medical treatment)	High – Needs immediate attention
Likely	Major (serious injury)	Extreme – Event should not proceed without significant changes
Almost Certain	Severe (fatality)	

Common Risks to Consider (tick or address if relevant)

- Weather (heat, wind, rain)
- Electrical equipment
- Food safety
- Crowd control
- Traffic / parking
- Children's safety
- Alcohol consumption
- Emergency access
- Slips, trips & falls
- Manual handling
- Noise
- Security / antisocial behaviour

EMERGENCY PLANNING

Nearest hospital/Medical Service:	
First Aid Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contacts:	
Evacuation Procedure (brief):	

INSURANCE AND COMPLIANCE

Public Liability Insurance <i>(required - attach copy):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permits required <i>(if applicable):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food handling compliance <i>(if applicable):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Road Closure Approval Completed by WAPOL:	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I confirm that the above risks have been considered and appropriate control measures will be implemented.

Name:	
Signature:	
Date:	