

SMALL EVENT RISK ASSESSMENT TEMPLATE



What are you doing?							
Who is in charge?	Name: Contact Details:						
Where and when are you doing it?							
Who is at risk?	Your Staff / BMT Staff / contractors / visitors / public / children						
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"/>	Static Play Equipment	<input type="checkbox"/>
Work at height	<input type="checkbox"/>	Waste disposal	<input type="checkbox"/>	Shared workplace with others	<input type="checkbox"/>	Inflatables / bouncy castles	<input type="checkbox"/>
Vehicle movements	<input type="checkbox"/>	Manual Handling Issues	<input type="checkbox"/>	Dangerous machinery	<input type="checkbox"/>	Fairground amusements	<input type="checkbox"/>
Car parking / Vehicle parking	<input type="checkbox"/>	Unloading issues	<input type="checkbox"/>	Livestock	<input type="checkbox"/>	Pyrotechnics / Fireworks	<input type="checkbox"/>
Food / Food poisoning	<input type="checkbox"/>	Hazardous substances	<input type="checkbox"/>	Temporary structures	<input type="checkbox"/>	Fire pits / fires	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Lone or remote working	<input type="checkbox"/>	Marquees	<input type="checkbox"/>	Emergencies / Safeguarding	<input type="checkbox"/>
Gas cylinders	<input type="checkbox"/>	Fire / Explosion	<input type="checkbox"/>	Provision of toilets	<input type="checkbox"/>	Music / load noise	<input type="checkbox"/>
Fuel storage	<input type="checkbox"/>	Security required	<input type="checkbox"/>	Violence / aggression	<input type="checkbox"/>	Others (please state):	<input type="checkbox"/>
Electricity / generator	<input type="checkbox"/>	Crowd control	<input type="checkbox"/>	Need for fencing	<input type="checkbox"/>		<input type="checkbox"/>
Need for water supply	<input type="checkbox"/>	Terrorism	<input type="checkbox"/>	Weather	<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 <ul style="list-style-type: none"> • 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 event management plan, emergency procedures, risk assessments and insurance details as relevant • As the Event Organiser we will vet and manager our event exhibitors and check their insurance and risk assessments • • • • • 							

IS THE RISK AFTER THE CONTROL MEASURES: **HIGH** / **MED** / **LOW** ?

Name of Person Completing Form: _____

PPE Required: (tick all that apply)

Date: _____

