



## EVENT RISK ASSESSMENT

Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Venue: \_\_\_\_\_

Risk Assessment completed by: \_\_\_\_\_

Risk Assessment completed on:                    /2018

Line Managers Name.....

Line Managers Signature.....

Date Signed:.....

| Possible Risk | Harm to... | Risk Rating (1-5) | Existing Controls | Action/Measures Required |
|---------------|------------|-------------------|-------------------|--------------------------|
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