**Risk Assessment - Event**

Please complete this form for any of your one-off events or activities. If you have any questions about this form, please contact [hisaactivities@uhi.ac.uk](mailto:hisaactivities@uhi.ac.uk) and please submit the form to your local staff member.  
 **Name of Club/Society or Group: Date of Event/Activity:**

**Description & Location: Expected Numbers:**

**Date of Risk Assessment: Completed By:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Do you need to do anything else to control this risk?** | **Action by who?** | **Action Date** |
| List all the different types of activities being assessed | For each activity, list the hazards, i.e. anything that has the potential to cause harm | For each hazard, list the persons at risk | What kind of measures are you already putting in place in order to prevent injuries? | Is there any further action required? | Who is responsible for this action? | When has the action been completed? |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Do you need to do anything else to control this risk?** | **Action by who?** | **Action Date** |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |