

**EVENT RISK ASSESSMENT FORM (PHOTOCOPIY)**

Event:----- Date of Event: ----- Venue:----- Organiser:-----

HAZARDS IDENTIFIED	PERSONS AT RISK	RISK FACTOR (HIGH, MEDIUM, LOW)	MEASURES REQUIRED TO CONTROL THE RISK	ACTION TO TAKEN BY (NAME)	DATE COMPLETED & SIGNATURE

Name of assessor (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_