

## Mary Immaculate College Event Safety Risk Assessment Form

Compiled by:

Version No: Rev 5 October 2022

Major or Standard Events - Risk Assessment Form



Section 1

1.	Event Name
2.	Event organiser
Name	(print): Faculty/Office/Other: Tel: Email:
3.	Date and time of Event
4.	Location of event(s) to be held on Campus grounds or buildings
Locati	on: Building: Room No: Other:
5.	Expected Numbers to Attend
6.	If Minors under 18 will be attending, provide details on the age groups and of levels of supervision arranged

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Section 2 - Identify hazards - consider all the activities within the social event and tick the boxes of significant hazards that apply

1.	Fire hazards	7.	Layout and traffic routes	13.	Pressurised equipment	19.	Inflatables	25.	Seating arrangements	31.	Confined space	
2.	Crowd control	8.	Lighting levels	14.	Noise and vibration	20.	Other temporary structures	26.	Welfare	32.	Lone working	
3.	Slips, trips, housekeeping	9.	Lighting systems	15.	Environmental noise	21.	Fairground equipment	27.	Sanitation	33.	Vehicles, driving	
4.	Fall of person	10.	Heating and ventilation	16.	Communication	22.	Lasers	28.	Food provision	34.	Machinery/lifting equipment	
5.	Fall of objects	11.	Electrical equipment	17.	Violence to attendees or staff	23.	Fireworks	29.	Work with animals	35.	Other - please specify	
6.	Manual handling	12.	Use of portable tools	18.	Marquees	24.	Pyrotechnics	30.	Chemicals, fumes dust			

Section 3 - Who may be at risk - tick the boxes of all relevant persons at risk

Staff	Contractors	Students	
Children	Visitors	Special needs	

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Hazard No	Hazard Description	Existing Controls	Risk Level			Further Action	
			High	High Med I		Needed	

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Hazard No	Hazard Description	Existing Controls	Hiç	Risk Level Med	Low	Further Action Needed

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Hazard No	Hazard Description	Evicting Controlo		Risk Level		Further Action
	Hazaru Description	Existing Controls	High	Med	Low	Needed

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Section 4. Additional event safety information		

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Section 5 – For all Hazards identified please state what control measures you will put in place to reduce the Risk and the name of the person responsible for ensuring this happens

Activity no.	Hazard type	How might the hazard cause harm?	Who may be harmed?	Control measures already in place	ls residual risk now acceptable? (Yes/No)	If not acceptable, list additional control measures	Risk Rating (L,M,H)	Action by whom

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Activity no.	Hazard type	How might the hazard cause harm?	Who may be harmed?	Control m already i		Is residual risk now acceptable? (Yes/No)	If not acceptable, list additional control measures	Risk Rating (L,M,H)	Action by whom
		Name:			over of Risk sessment	Name:			
Event	Organisor	Signature:		(Health an	d Safety Manager	) Signature:			
Event Organiser		Position:			Email:	Position:			
		Date:				<u>.duffy@mic.ul.ie</u>	Date:		
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