**Department/Club/Society:**

**Event/Activity & Location: Date of Risk Assessment:**

**Date of Event/Activity: Completed by:**

Please look at the Risk Assessment Guidance Document before completing this form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 by when?** | **Done** |
|  |  |  |  |  |  |  |
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