**Department/Club/Society:**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Risk Rating****(Low/medium/high)** | **Do you need to do anything else to control this risk?** | **Action by whom?** | **Action by when?** |
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| Checked by: |  | Position: |  | Date: |  |
| Service Manager sign off: |  | Date: |  |