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| **HUU Event Risk Assessment** | | | | | | | | | |
| **Department:** *HUU department or Society* | | | | **RA Reviewed by :** *Name of person reviewing RA* | | | | **Location of event :** *Location of the event on campus* | |
| **Activity:** *Detailed description of the event and activity* | | | | | **RA date written:** *Date the RA was written*  **RA cover period:** *The timescale the RA covers (2 weeks from date written)* | | | | |
| **People at Risk:** *List of people who may be affected such as participants, Members of the public etc* | | | | | **HUU Counter signatory signature:** *HUU staff member signature*  **HUU Counter signatory print:** *HUU staff member printed name* | | | | |
| **Risk Evaluation** | | | | | | | | | |
| Hazard  (Potential Hazard) | RISK  (How might someone be harmed) | Risk Rating | Control Measures  (What control measures are used to mitigate the risk) | | | Residual Rating | Adittional controls  (What further controls are required if any) | | Action by |
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| **SIGN OFF SHEET** | | | | |
| FULL NAME | POSITION HELD | SIGNATURE | DATE OF SIGNATURE | COMMENTS |
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