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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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