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| **HUU Event Risk Assessment** |
| **Department:** *HUU department or Society***RA Reviewed by :** *Name of person reviewing RA* | **Event lead contact details :** *Mobile phone number, email etc of the person leading the event on the day. Please state that you agree for your contact details to be used on the day of this event by the Union or University.*  | **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 signatures:** *HUU staff member signature***HUU Counter signatory prints:** *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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