



Safety/Risk Assessment Template

Event Name and Location: _____

Date of assessment: _____

Assessment conducted by: _____

Step 1 Spot the Hazards		Step 2 Assess the risk	Step 3 Fix the problem	Who & When	Reassess the risk
Identify the task	What are the risks associated with each activity?	Is the risk low, moderate, significant or high? (see below)	If the risk is deemed unacceptable for the task, what will be done to reduce or remove the risk?	By whom? AND by when?	Now that strategies have been put in place reassess the risk (see below)
Working outdoors	Asthma and allergies	Moderate	Carry a first aid kit and have a first aider on site Ask volunteers if they have allergies or asthma Ask volunteers if they carry their own medicine and if they are able to self administer	Organiser on the day	Low
Using Hand tools	Cuts and gashes, eye damage, strains	Moderate	Work at safe distances. Maintain tools. Share tasks and change duration of task. Wear protective clothing (eg gloves).	Organiser on the day	Low risk
Working outdoors - animals	Snakes - Varying degrees of envenomation.	Moderate	Walk/work heavily. Increase visibility of work site Boots and gloves to be worn at all times. Ensure first aid kit up to date and comprehensive.	Organiser and volunteers on the day	Low risk



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How do you assess the risk? For each hazard answer A then answer B then add A and B together to determine Risk and Action required

A) What is the potential impact or consequence of the hazard	B) What is the likely risk of the event happening?	Add A and B together	Risk	Action
1 = Minor - First aid required with little or no lost time	1 = Low - It could happen, but only rarely		Score of 1 - 2 = Low risk	Proceed with caution
2 = Moderate - Medical treatment requires, reversible damage to health	2 = Moderate - It could occasionally happen.		Score of 3 - 4 = Moderate	Regularly monitor the situation
3 = Serious - Medical treatment required. Irreversible damage including death	3 = High - It could frequently happen		Score of 5 - 6 = High to extreme risk	Do not proceed



Safety Plan

Are there arrangements for:

	Yes	No	Comments
Emergency Evacuation			
Emergency Communication			
First Aid			Person responsible:

Emergency Contact (on the day): _____

Signed

Name _____

Signature _____

Date _____