**Event Risk Assessment**

To be completed by supporters organising their own fundraising event. Please complete all relevant sections and return to [fundraising@changing-lives.org.uk](mailto:fundraising@changing-lives.org.uk) at least 2 weeks before your event. Changing Lives cannot provide event insurance, so if you are running a large event, or an event at a venue, you may need to organise your own.

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| Event Name: | | Event Location: | |
| Date of Event: | Date of Assessment: | Your Name: | Signature: |

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| **What are the hazards** | **Who may be harmed and how** | **What are the control measures to reduce the risk** | **What further actions are required** | **Risk factor Low/Medium/High** |
| *Example*  *Slips, trips and falls* | *Participants are at risk of suffering sprains, bruising or fractures if they trip over objects, slip on uneven surfaces, particularly if they are wearing inappropriate footwear.* | *Participants will wear appropriate footwear at all times. Any uneven surfaces will be marked with high visibility tape. Any wet areas will be immediately mopped with a hazard sign being placed at the location to warn participants.* | *High visibility tape to be added to uneven steps into venue* | *Medium* |
| Road traffic accidents |  |  |  |  |
| Dehydration |  |  |  |  |
| Adverse weather conditions |  |  |  |  |
| Injuries and illness |  |  |  |  |
| Unknown medical conditions |  |  |  |  |
| Lost participants |  |  |  |  |
| Venue suitability (maximum capacity,  entry exit, toilets, car parks) |  |  |  |  |
| Fire risk |  |  |  |  |
| Use of electrical equipment |  |  |  |  |
| Food hygiene and hot drinks |  |  |  |  |
| Branded items and decorations at heights |  |  |  |  |
| Aggressive behaviour |  |  |  |  |
| Cash handling and safety |  |  |  |  |
| Lone working |  |  |  |  |
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| **Risk Rating (average) =** | | | | | |
| **Further Improvements/Actions required** | | | | | |
| **Action** | **Responsibility** | | **Comments** | | Date Completed |
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| **Completed by:** |  | **Signature:** | |  | |
| **Date:** |  | **Review Date:** | |  | |