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| --- | --- | --- |
| **Society name:** | **Event name:** | **Event date and time:** |
| **Description of event:**  *Please include a detailed summary of the event, including schedule, style, attendee groups, activities involved, locations if multiple used, purpose of the event, and any other information necessary to explain the nature of the event. This can be used as your event plan on the day.* | | |
|  | | |

Complete the table below following the guidance on the committee hub and Severity and Likelihood Risk Rating Guide. For a guide to likelihood and severity ratings, please see next page.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Those likely to be affected and how** | **Current Controls that are in place now** | **Likelihood**  **(1-5)** | **Severity**  **(1-5)** | **Risk Rating**  **(Likelihood x Severity)** | **Additional controls required** | **Person Responsible** |
| **E.g. Slips, trips and falls** | Students, external attendees | * Venue booked for the event has a quality floor with no uneven surfaces, holes or other damages. * Cleaning in place to reduce clutter. * Room booked has adequate lighting for the activity. | 3 | 2 | 6 | * Floor to be checked for damage prior to the start of the event. * All spillages cleared promptly, and signage put in place. * Ensure proper footwear is worn for the activity taking place. * Contact security for first aid during out of ours in case (ext. 666) | Committee member |
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**Likelihood and Severity Risk Rating Guide**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** | Certain | **5** | **10** | **15** | **20** | **25** |
| Very Likely | **4** | **8** | **12** | **16** | **20** |
| Likely | **3** | **6** | **9** | **12** | **15** |
| Unlikely | **2** | **4** | **6** | **8** | **10** |
| Very Unlikely | **1** | **2** | **3** | **4** | **5** |
|  | | No lost time/injury | Minor injury/illness (7 days or less off uni/work) | Reportable injury (more than 7 days off uni/work) | Specified injury/illness/major damage (RIDDOR) | Fatality or disabling injury/illness or catastrophic loss |
| **Severity** | | | | |

|  |  |
| --- | --- |
| **Likelihood x Severity = Risk** | |
| **HIGH** | These risk are unacceptable; significant improvements in risk control are required. The activity should halted IMMEDIATELY until risk controls are identified and implemented which reduce the risk to an acceptable level |
| **MEDIUM** | Control measures should be identified and implemented to reduce the risks associated with the activity or workplace so far as reasonably practical |
| **LOW** | Minimal control measures are required to be implemented to satisfy the level of risk. Arrangements should be made to maintain current measures for risk control. |

To be completed by event approver (**Students’ Union Staff only**):

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the event approver-** | **Yes** | **No** | **Detail** |
| Confirmed the venue is suitable for the event/activity? |  |  |  |
| Confirmed that PAF has been made aware of the event? |  |  |  |
| Confirmed approvals/permissions have been approved in writing (i.e. PAF, security, CitySport) |  |  |  |
| If applicable, confirmed the Safety Office has been notified? (If the event is 100 plus attendees the safety office must be notified) |  |  |  |
| Confirmed that any necessary licences/notifications have been applied for received? |  |  |  |
| Fully understood and accepted the risks created as part of the event? |  |  |  |

|  |  |
| --- | --- |
| **Event approver:** | Date: |

Please send your form to the correct email, depending on which site your student group/activity is based at:

* **Clerkenwell** and **Moorgate** student groups/activity send forms to [SUCommunities@city.ac.uk](mailto:SUCommunities@city.ac.uk) (societies) [sports@city.ac.uk](mailto:sports@city.ac.uk) (sports clubs)
* **Tooting** student groups/activity send forms to [studentsunion@sgul.ac.uk](mailto:studentsunion@sgul.ac.uk).