## Church spAce event Risk Assessment review Form

| Name of organisation | Assessment undertaken by |
|----------------------|--------------------------|
| Address              |                          |
| Date of event        | Review date              |
| Event being assessed |                          |

If risks can be reduced, please take actions to do so, if not consider if insurance is in place to cover your event risk issues. Please advise if insurance cover is held.

| Hazard/ Risk | Existing   | Likelihood (L) | Severity (S)  | Calculation of | Additional         |
|--------------|------------|----------------|---------------|----------------|--------------------|
|              | safety     | of risk        | of risk       | Risk rating    | controls required  |
|              | controls   | occurrence.    | occurrence    | (L x S)        | if any .           |
| Think about  | Safety     | 1=Seldom       | 1=minor cut   | 1-2 = low      | Changes            |
| activities,  | measures   | 2=Frequent     | or bruise     | priority       | implemented to     |
| user group   | already in | 3=Certain      | 2=serious     | 3-4 =          | reduce risk rating |
| and safety   | place      |                | injury        | medium         | and                |
| risks        |            |                | 3=fatality or | priority       | mitigate/decrease  |
| inherent.    |            |                | affecting     | 6 – 9 = high   | the risk.          |
|              |            |                | several       | priority       |                    |
|              |            |                | people        |                |                    |
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