



Mary Immaculate College
Event Safety Risk Assessment Form

Compiled by:

Section 1

1. Event Name
2. Event organiser
Name (print): Faculty/Office/Other: Tel: Email:
3. Date and time of Event
4. Location of event(s) to be held on Campus grounds or buildings
Location: Building: Room No: Other:
5. Expected Numbers to Attend
6. If Minors under 18 will be attending, provide details on the age groups and of levels of supervision arranged

Section 2 - Identify hazards - consider all the activities within the social event and tick the boxes of significant hazards that apply

1.	Fire hazards		7.	Layout and traffic routes		13.	Pressurised equipment		19.	Inflatables		25.	Seating arrangements		31.	Confined space	
2.	Crowd control		8.	Lighting levels		14.	Noise and vibration		20.	Other temporary structures		26.	Welfare		32.	Lone working	
3.	Slips, trips, housekeeping		9.	Lighting systems		15.	Environmental noise		21.	Fairground equipment		27.	Sanitation		33.	Vehicles, driving	
4.	Fall of person		10.	Heating and ventilation		16.	Communication		22.	Lasers		28.	Food provision		34.	Machinery/lifting equipment	
5.	Fall of objects		11.	Electrical equipment		17.	Violence to attendees or staff		23.	Fireworks		29.	Work with animals		35.	Other - please specify	
6.	Manual handling		12.	Use of portable tools		18.	Marquees		24.	Pyrotechnics		30.	Chemicals, fumes dust				

Section 3 - Who may be at risk – tick the boxes of all relevant persons at risk

Staff		Contractors		Students	
Children		Visitors		Special needs	



Hazard No	Hazard Description	Existing Controls	Risk Level			Further Action Needed
			High	Med	Low	

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Section 4. Additional event safety information

Activity no.	Hazard type	How might the hazard cause harm?	Who may be harmed?	Control measures already in place	Is residual risk now acceptable? (Yes/No)	If not acceptable, list additional control measures	Risk Rating (L,M,H)	Action by whom
Event Organiser		Name: Signature: Position: Date:		Approver of Risk Assessment <i>(Health and Safety Manager)</i> Email: caroline.duffy@mic.ul.ie Tel 204914		Name: Signature: Position: Date:		