**Risk Assessment**

In planning an event, organisers must consider all associated activities and give serious consideration to what might cause harm to all persons associated with it. Each risk identified must be assessed to see what controls can be put in place and what actions needs to be taken to reduce the risk to an acceptable level. A blank sample template is provided here as a starting point for your event. The headings in the following template are by no means exhaustive and may be relevant for every event. Please note the Dublin City Council provide this sample document as a starting point and cannot accept any liability for an event you organise and any details entered on your assessment.

**Identify the hazards and set out the potential consequences**

Identify hazards in each location (for set up, operation and take down) that could reasonably be expected to result in significant harm, e.g.

* + Temporary structures, stands, walkways
	+ Electrical connections, trailing cables
	+ Food stalls, tea station
	+ Barriers
	+ Bouncy castle
	+ Proximity to water

For each hazard state what could go wrong and what injury could happen as a result.

**Calculate the risk**

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| **Severity of Harm category** | **Slight harm** | **Moderate harm** | **Severe harm** |
| Health | Headache, Diarrhoea | Partial hearing loss, asthma | Acute fatal disease |
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| Safety | Minor cuts and bruises | Lacerations, burns, minor fractures, serious sprains | Fatal injuries, amputations, multiple injuries, major fractures |

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| **Likelihood** | **Very likely** | **Likely**  | **Unlikely**  | **Very unlikely** |
| Occurrence | Could easily happen during the event | Could happen | Might happen but the chance is small | Very, very small chance of it happening |

Decide on the likelihood of an incident and the severity of the injury resulting from the incident.

**What controls can you put in place?**

Will the risk be adequately controlled?

Consider hierarchy of controls

* Eliminate
* Substitute
* Reduce
* Isolate
* Control
* PPE
* Rules/Discipline

**What’s the residual risk? What’s the action level?**

Is the residual risk acceptable?

Action Level

* H = High, Immediate action required. State what that is.
* M = Medium, Justify and review during event. Could require ongoing supervision during the event.
* L = Low, no further action required

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| The Event Organiser should review and amend the Risk Assessment for their event and venue. The outcome of this assessment should be shared with event helpers/volunteers who will need to identify that they have read and understood the risk assessment. A copy of the completed assessment to be kept at hand on the day**.** |
| **Event type** | Clothes Swap Event | **Date of assessment** |  |
| **Event organiser name** |  | **Risk assessment completed by** |  |
| **Event organiser address** |  | **Date review due** |  |
| **Roles and Responsibilities** | **Name:****Role:****Name:****Role** | **Nominated event controller name and mobile phone number** |  |
| **Risk Assessment Type** | Initial Assessment [ ]  Review [ ]  Following Incident [ ]  |
| **Event Date** |  | **Number of people attending** |  |
| **Venue Name** |  | **Person(s)/Group at Risk** | Event attendees, event organiser and volunteers |
| **Venue Access** |  | **Attendee profile** |  |

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| **Significant Hazard** | **Who is affected?** | **Typical outcome** | **Control Measures in Place** | **Risk Level** | **Are any additional measures or actions required? (If yes, put on Action Plan)****Yes No** |
| *Equipment is heavy and awkward*  | *Organisers, helpers collecting / returning, setting up equipment* | *Cuts, bumps, and bruises; sprained muscles/back; trapped fingers* | *Equipment should be safely stored for easy access**No-one should attempt to lift more than able, and seek assistance if required, and ensure correct lifting procedure**A minimum of two people should work together to:* * *extract the equipment from storage and transfer to transport/venue*
* *assemble and disassemble the equipment, taking special care whilst attaching/removing the top pole of the clothes rails*

*Equipment checked regularly for damage by DCC staff* | *Low*  |  |  |
| *Broken mirrors*  | *All*  | *Cuts from broken glass* | *Care should be taken whilst transporting mirrors and two people to load/unload from vehicle and position/secure**Care should be taken to ensure these are positioned away from general foot-traffic/edge of table; use mirror support/hanging chain to secure* | *Medium* |  |  |
| *Vehicle / pedestrian collision*  | *All*  | *Bumps, bruises; broken bones* | *Venue will ideally have an attached car park with traffic calming measures**Use designated vehicle loading area, if available* | *Low*  |  |  |
| *Spillages* | *All*  | *Slips, trips, and falls; bumps, bruises* | *Identify and either remove or mark hazards* | *Low*  |  |  |
| *COVID-19*  | *All*  | *Illness*  | *Provide sanitising station/s for users**Sanitise equipment before and after event* | *Low*  |  |  |
| *Fire Emergency* | *All*  | *Burns; smoke inhalation* | *A nominated Fire Marshal/Warden should be present if possible* *Briefing given to the helpers/volunteers before the event including evacuation procedures and the location fire exits and of the Fire Assembly Point**Make sure all fire exits are kept clear at all times* | *High*  |  |  |
| *First Aid* | *All* |  | *A nominated First Aider should be present if possible**Be aware of full venue address* | *High*  |  |  |

*(Blue italic = sample text)*

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| **Event Organiser’s Recommendations - Additional Control Measures or Actions specific to venue and event** |
| **List Actions / Additional Control Measures** | **Person Responsible** |
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**Signed (Event Controller): Date:**

**Signed (Event Organiser): Date:**

**Helpers/Volunteers: I have read and understood the risk assessment:**

**Print Name: ……………………………………………………… Signed: …....................................…………… Date: ...........................**

**Print Name: ……………………………………………………… Signed: …....................................…………… Date: ...........................**

**Print Name: ……………………………………………………… Signed: …....................................…………… Date: ...........................**