Specific Risk Assessment Form (Events)

RECORD SHEET – REFERENCE NO.	Key: Risk Rating: 1-3 Lo	w 4-6 Medium 7-9 High	H x L = Risk			
PREMISES/WORK ACTIVITY (GROUP OR INDIVIDUAL POST) ASSESSED:		REHEARSAL AND PERFORMANCE OF				
		Venue:		Date:		
SPECIAL GROUPS OF PERSONS CONSIDERED:		MEMBERS OF THE	AND OTH	IER PERSONS ON PREMISES		
COMPLETED BY:	UPDATE CON	MPLETED:	SIGNED-OFF BY:			

REMEDIAL	REMEDIAL ACTION PRIORITY ORDER						
Number	DATE	INITIALS					
	1						

WORK ACTIVITY		HAZARD		LIKELIHOOD			RISK	FURTHER ACTION REQUIRED	
Ref. No.	Description	(including description of potential severity)	H M L	Groups Exposed and Evidence of Previous Harm	Existing Controls in Place	H M L	HML	ACTION (Who responsible and by when)	REVIEW ACTION AND DATE (Including estimate of Residual Risk)