

Risk assessment form

Use this form in conjunction with Section 2 of this guide.

| |
|-----------------------------------|
| Full name |
| Event |
| Date and time |
| Location |
| Brief description of event |

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Part 2

Further action to reduce the likelihood of harm occurring – Action Plan

| | |
|--|-------------|
| What can cause harm? | |
| What else can be done to prevent harm? | |
| Target completion date | |
| Who will do it? | |
| Completed by | Date |
| Have all the relevant people been made aware of the findings of the risk assessment and control measures to be taken? Yes/No (If No, please give details) | |
| Has a safety plan been prepared? Yes/No (If No, please give details) | |
| Have appropriate permissions or agreements been obtained? Yes/No (If No, please give details) | |
| Is the event excluded from the automatic insurance cover? Yes/No (If Yes, please give details) | |

A copy of this risk assessment should be returned to your local fundraising office prior to the event along with a completed insurance card.

| | |
|-----------------|-------------|
| Signed | |
| Position | Date |

Part 1 Identifying the cause and likelihood of harm

If the likelihood of any particular harm occurring is unacceptable, please turn over and complete Part 2

| | What can cause harm at the event? Please give details. | Who is likely to be harmed? Estimate numbers at risk. | What harm could they suffer? Think in general terms (eg fatality, major injury, minor injury) and add details. | What is the likelihood of any harm happening? Please specify, eg likely/possible/remote. | What is already being done to reduce the likelihood of harm? Please give details. | What existing information/guidance/training is available? Please give details. | Is the likelihood of harm happening acceptable? Yes/No |
|--|--|---|--|--|---|--|--|
| Fire safety | | | | | | | |
| Slips, trips and falls | | | | | | | |
| Chemicals/cleaners/hazardous substances | | | | | | | |
| Electricity and equipment | | | | | | | |
| Crowd safety/security/property information/communications | | | | | | | |
| Food hygiene and catering | | | | | | | |
| Ventilation and heating | | | | | | | |
| Accident/incident/first aid | | | | | | | |
| Manual handling | | | | | | | |
| Emergency procedures | | | | | | | |
| Contractors | | | | | | | |
| Other – please specify | | | | | | | |