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**EVENTS & TRIPS RISK ASSESSMENT**

*Please complete one document per event or trip. Please fill out all sections where indicated and the risk table for each hazard identified. Your activity description should be a detailed breakdown of activity including set up and pack down.*

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| **PERSON CARRYING OUT ASSESSMENT** | | | | | | |
|  | | | | | | |
| **Name of Society** | | | Click or tap here to enter text. | **Date of Assessment** | Click or tap here to enter text. | |
|  | | | | | | |
| **Assessed By** | Click or tap here to enter text. | | | **Committee Position** | | Click or tap here to enter text. |
|  | | | | | | |
| **Reviewed By** | | Click or tap here to enter text. | | **Committee Position** | | Click or tap here to enter text. |
|  | | | | | | |

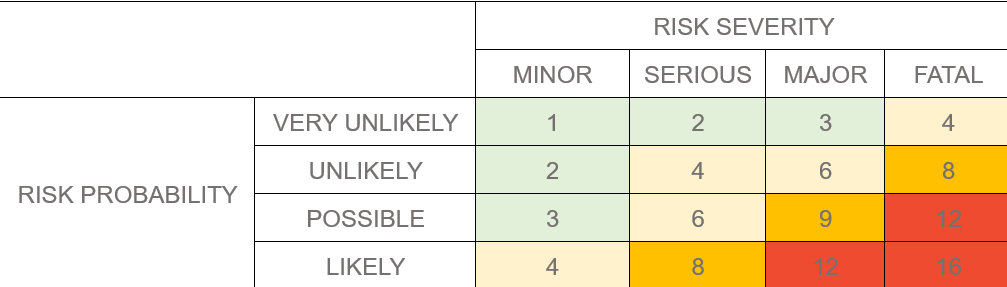
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| **ACTIVITY DETAILS** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Activity Name** | | Click or tap here to enter text. | | | | | | | | | **Date** | | Click or tap to enter a date. |
|  | | | | | | | | | | | | | |
| **Activity Carried Out:** | | | Once a day | |  | Once a week | |  | Once a month | | |  | |
|  |  | |  |  | |  |  | | | |
| Once a term | |  | Annually | |  | Other: | Click or tap here to enter text. | | | |
|  | | | | | | | | | | | | | |
| **Location** | Click or tap here to enter text. | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Activity Description** | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | |

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| **1. HAZARD SUMMARY** | | | | | | |
|  |  |  |  |  |  |  |
| **1** | **General** |  | **5** | **Physical Activity** |  |
| 1.1 | Slips, Trips or Falls |  | 5.1 | Exhaustion |  |
| 1.2 | Fire |  | 5.2 | Personal Injury |  |
| 1.3 | Noise |  | 5.3 | Physical Contact |  |
| 1.4 | Electrical |  | 5.4 | Poor / Damaged Equipment |  |
| 1.5 | Manual Handling |  | 5.5 | Inexperienced Participants |  |
| 1.6 | Crowd Control |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **2** | **General** |  | **6** | **Food & Drink** |  |
| 2.1 | Cash Handling |  | 6.1 | Allergies |  |
| 2.2 | Driving |  | 6.2 | Cross Contamination |  |
| 2.3 | Conflict with 3rd Parties |  | 6.3 | Food Poisoning |  |
| 2.4 | Lost / Damaged Property |  | 6.4 | Hot Liquids |  |
| 2.5 | Theft |  | 6.5 | Alcohol Consumption |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **3** | **Specialist** |  | **7** | **Attendees** |  |
| 3.1 | Use of Equipment |  | 7.1 | Sensitive Content |  |
| 3.2 | Sharps |  | 7.2 | Welfare |  |
| 3.3 | Heavy Machinery / Power Tools |  | 7.3 | External Attendees |  |
| 3.4 | Hazardous Substances |  | 7.4 | Attendee Conduct |  |
| 3.5 | Pyrotechnics |  | 7.5 | Young Persons (Under 18s) |  |
| 3.6 | Working at Height |  | 7.6 | Accessibility |  |
| 3.7 | Falling Objects |  | 7.7 | External Speaker |  |
|  |  |  |  |  |  |
| **4** | **Outdoor** |  | **8** | **Other** |  |
| 4.1 | Extreme Weather |  |  | Click or tap here to enter text. |  |
| 4.2 | Unsuitable Ground / Surfaces |  |  | Click or tap here to enter text. |  |
| 4.3 | Use of Electricity Outdoors |  |  | Click or tap here to enter text. |  |
| 4.4 | Traffic |  |  | Click or tap here to enter text. |  |
| 4.5 | Open Flames |  |  | Click or tap here to enter text. |  |
| 4.6 | Animals / Wildlife |  |  | Click or tap here to enter text. |  |
|  |  |  |  | Click or tap here to enter text. |  |

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| **2. WHO MAY BE HARMED?** | | | | | |
|  | | | | | |
|  | Students |  |  | Under 18s | |
|  | Imperial College Staff |  | Those with accessibility needs | |
|  | External Staff |  | Vulnerable Individuals | |
|  | The Public |  | Other : | Click or tap here to enter text. |

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| **3. RISK TABLE** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Hazard Number** | **Hazard** | **Who may be harmed?** | **Risk Rating** | | | **Control Measures** | **Revised Risk Rating** | | | **Further Controls Needed?** | **Responsible Person** |
|  |  |  | **S** | **L** | **R** |  | **S** | **L** | **R** |  |  |
| 1.1 | Slip, Trips or Falls | Students | 1 | 3 | 3 | Clear the floor of any potential trip hazards and check surfaces are level and free of damage. Gather trailling cables and tape to the sides of the room. Instruct attendees to put their belongings under seats and out of any walkways. Monitor for spillages and clean immediately, signposting any wet floors. | 1 | 2 | 2 | If damage is identified, mark with tape to level the floor. If the damage is uneven or sharp, stop activity and report the damage to the Union or building manager. | Committee Members |
| 1.2 | Fire | Students | 3 | 1 | 3 | Ensure all fire exits are accessible and remove any potential obstructions. Ensure the capacity of the room is adhered to. | 2 | 1 | 2 |  | Committee Members |
| 1.4 | Electrical | Students | 3 | 2 | 6 | Check wires and equipment for damage and do not use any which has not been labelled with a valid PAT testing sticker. Keep liquids away from electricals. Ensure sockets are not overloaded. | 2 | 1 | 2 |  | Committee Members |
| 6.1 | Allergies | Students | 2 | 3 | 6 | Serve pre-packaged foods only which do not require temperature control. Ensure all items are individually packaged with allergens displayed or allergen sheets are marked correctly next to foods. | 2 | 1 | 2 |  | Committee Members |
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| **4. EMERGENCY ACTIONS** | | | | | | | | | | | | | | |
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| **Fire / Evacuation Procedure** | | | | | | | | | | | | | | |
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| Check the evacuation routedisplayed in the room and instruct all attendees to leave through the fire exit and gather at the nearest assembly point. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **First Aider Present?** | Yes | |  | | | Name of First Aider(s): | | | | | Click or tap here to enter text. | | | |
|  | No | |  | | |  | | | | | | | |  |
| **First Aid Procedure** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Alert Campus Security via the SafeZone App or via the extension number 4444 from any College phone. | | | | | | | | | | | | | | |
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| **5 MONITOR & REVIEW** | | | | | | | | | | | | | | |
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| **RA should be reviewed:** | Once a day | | | |  | | Once a week | | |  | Once a month | |  | |
|  | | |  | | |  |  | | |  |  | | |
| Once a term | | | |  | | Annually | | |  | Other: | Click or tap here to enter text. | | |
|  | | | | | | | | | | | | | | |
| **Date of next review:** | Click or tap to enter a date. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **6 SPECIALIST TRAINING RECORD** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Name** | | **Qualification Acquired** | | | | | | | **Date** | | | | | **Date of Expiration** |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | | | Click or tap to enter a date. | | | | | Click or tap to enter a date. |
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**Risk Matrix**