



EVENT RISK ASSESSMENT





Event Risk Assessment (for external providers)

Assessors Name	Date/Time of Assessment
Review Date:	
RA Reference:	
Location of activity	
Activity Details	

Evaluation risk							
	Likelihood						
	1	1 2 3 4 5					
Severity	Remote	Unlikely	Possible	Likely	Certain		
1 Trivial	1	2	3	4	5		
2 Minor	2	4	6	8	10		
3 Lost time	3	6	9	12	15		
4 Major	4	8	12	16	20		
5 Fatal	5	10	15	20	25		

Hazard	Who could be harmed	Current Controls	Risk Rating	-	Residual Risk

Hazard	Who could be	Current Controls	Risk	Further Controls Required	Residual
	harmed		Rating		Risk

^{*} Please use additional pages if required

Summary of Action Required (please list an action for each activity referred to above) Action Required Responsible Person Timescale for Completion Date Completed					
Action Required	Responsible Person	Timescale for Completion Date Completed			

ion Required	Responsible Person	Timescale for Completion Date Complete

The contents of this risk assessment are an accurate reflection of the activities being undertaken and appropriate control measures to be implemented or maintained to ensure the activity can be undertaken whilst protecting the health safety and welfare of employees and anyone else who could be affected. The content of the risk assessment will be made known to employees, controls implemented and monitored and a review carried out either annually or when a change to circumstances dictates.

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Date:

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