

Risk Assessment template

Event Name:

Event Date:

Nature of Activity:

Delivery/Event Manager:

Venue Name and Address:

Contact Name:

Contact Number:

Potential Hazards	Who might be harmed and how	What control measures are already in place?	Additional control measures to be implemented by Activity Alliance	Action by whom	Date completed

If you would like this form in an alternative format please email info@activityalliance.org.uk