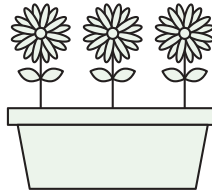
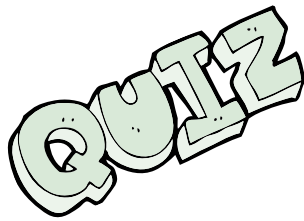


Activities and small event risk assessment

If you are planning to hold an activity or event, it is important that you and your participants are safe and aware of any potential risks and hazards. Carrying out this risk assessment will mean you can then relax on the day and enjoy yourself. Please use this form to plan small events and activities and assess basic hazards/risks. These activities and/or events should not be expected to attract more than 75 people and can include activities such as:

- ✓ Coffee mornings
- ✓ Quiz nights
- ✓ Open gardens
- ✓ Car boot sales



Name of event or activity:

Description of event or activity:

Location:

Date of event or activity:

Location of the event or activity

Please answer the following questions about the location of your planned event / activity.

Is the location...?

Someone’s private residence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Owned by a religious organisation or public body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Owned by a business or individual commercially?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have the owners confirmed they have insurance that covers them whilst the event takes place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have the owners made any requests to you regarding insurance for the event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please state details:

About the venue

Please answer the following questions about the venue. If the question is not applicable (N/A) simply tick the box labelled 'N/A'

Are you satisfied with ease of access to parking and exits from the venue?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is there disabled access inside and outside?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you determined maximum capacity of the venue and made precautions to prevent this being exceeded?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are all surfaces, paths, steps, stairs etc. in good repair and free from obstacles or trailing cables?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you made provision for the possibility of adverse weather?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are you satisfied with the lighting of the interior and exterior?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you supervised/inspected the installation of any temporary structures and are you satisfied with their safety?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Have you ensured that volunteers will not be involved in lifting heavy loads?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If donated goods have to be sorted will all volunteers wear rubber gloves, be provided with tip out sacks and use sticks to check for hazardous or sharp objects?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you supervised the setting out of tables and chairs and are you satisfied with their safety?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are all fire exits clearly marked and kept free from obstructions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Do you know the location of fire extinguishers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you ensured the kitchen is restricted access?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you ensured that all kitchen staff will be wearing gloves?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Does at least one member of the kitchen staff have a Basic Food Hygiene Certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you ensured that there are clear warnings over potential food allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you ensured that there is adequate supervision for children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have all volunteers and organisers been briefed on child protection measures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you ensured there will be a qualified first aider available during the event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have you ensured that there are first aid supplies available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have cash handling procedures been explained to all volunteers/helpers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have inexperienced helpers been fully briefed and provided with clear instructions and will they be fully supervised?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

If alcohol is to be served do you have necessary licenses and permissions?

Yes ☐ No ☐ N/A ☐

Have good communications been established between helpers/volunteers?

Yes ☐ No ☐ N/A ☐

If you have answered “No” to any of the above questions then please outline the details below and provide information as to how you intend to remedy the situation.

Name of event:

Name of organiser:

Date of event:

Name of risk assessor:

Date of risk assessment:

Assessor signature:

Witness signature:

Please share this form with your fellow event organisers and keep it in a safe place until one month after your event has finished. You do not need to send it to the Huntington’s Disease Association.