

**Event / Activity Venue Risk Assessment**

*(Please complete this form with the cooperation of the Venue coordinator)*

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| **EVENT INFORMATION** | | | | | | | | | |
| **Event Title:** |  | | | | | | | | |
| **Event Date:**  (DD/MM/YYYY) |  | **Date of Risk Assessment:**  (DD/MM/YYYY) | | |  | | | | |
| **VENUE INFORMATION** | | | | | | | | | |
| **Venue Name:** |  | | | | | | | | |
| **Name of Contact at Venue:** |  | **Contact Telephone Number:** | | |  | | | | |
| **Name of ‘out of hours’ Contact:**  (if applicable) |  | **Contact Telephone**  **Number for ‘out of hours’**:  (if applicable) | | |  | | | | |
| **PRIOR EVENT / ACTIVITY** | | | | | | | | | |
| **What type of event is being held?** | | | Meeting ⬜ | | | Conference ⬜ | | | Other ⬜ |
| **If other, please specify:** | | | | | | | | | |
| **Is a third party being used to hire out any equipment?** | | | | | | Yes ⬜ | | | No ⬜ |
| **If yes, please specify who the hire company is and what is being hired:** | | | | | | | | | |
| **DURING EVENT / ACTIVITY** | | | | | | | | | |
| **Is there enough staff to assist with the number of participants attending?** | | | | | | Yes ⬜ | | | No ⬜ |
| **Is there enough room capacity to occupy everyone?** | | | | | | Yes ⬜ | | No ⬜ | |
| **Are fire exits clearly visible?** | | | | | | Yes ⬜ | | | No ⬜ |
| **Is a parking space required?** | | | | | | Yes ⬜ | | No ⬜ | |
| **If parking is required, is a permit needed?** | | | | N/A ⬜ | | Yes ⬜ | | | No ⬜ |
| **If a lift is needed, is there adequate access to and from the lift?** | | | | | | Yes ⬜ | | No ⬜ | |
| **Is the access to and from the building ok?**  (e.g. pathways that lead to the entrance etc) | | | | | | Yes ⬜ | | No ⬜ | |
| **Is there step access into the building?** | | | | | | Yes ⬜ | | No ⬜ | |
| **If yes, is there access for those not able to use steps? If so what:** | | | | | | | | | |
| **POST EVENT / ACTIVITY** | | | | | | | | | |
| **Is there any equipment that needs to be collected/cleared away?** | | | | | | Yes ⬜ | | | No ⬜ |
| **If yes, who will this be done by:**  (e.g. Venue, third party etc) | | | | | | | | | |
| **CHECK REGISTRATION AREA**  **Check that the area and surroundings are safe and free from obstacles** | | | | | | | | | |
| **Is the area fit and appropriate for this activity?**  (e.g. check floor, roof leaks, lighting, heating, security and welfare arrangements). | | | | | | Yes ⬜ | | | No ⬜ |
| **If no, please outline below the hazard, who may be at risk (i.e. employees, visitors, contractors, public, etc) and action taken, if any (i.e. elimination, substitution, PPE- personal protective equipment, etc):** | | | | | | | | | |
| **LECTURE AREA**  **Check that the area and surroundings are safe and free from obstacles** | | | | | | | | | |
| **Is the area fit and appropriate for this activity?**  (e.g. check floor, roof leaks, lighting, heating, security and welfare arrangements) | | | | | | Yes ⬜ | | | No ⬜ |
| **If no, please outline below the hazard, who may be at risk (i.e. employees, visitors, contractors, public, etc) and action taken, if any (i.e. elimination, substitution, PPE- personal protective equipment, etc):** | | | | | | | | | |
| **EXHIBITION AREA**  **Check that the area and surroundings are safe and free from obstacles** | | | | | | | | | |
| **Is the area fit and appropriate for this activity?**  (e.g. check floor, roof leaks, lighting, heating, security and welfare arrangements) | | | | | | Yes ⬜ | | | No ⬜ |
| **If no, please outline below the hazard, who may be at risk (i.e. employees, visitors, contractors, public, etc) and action taken, if any (i.e. elimination, substitution, PPE- personal protective equipment, etc):** | | | | | | | | | |
| **AUDIO VISUAL EQUIPMENT**  **Check that it is fit and sound for activity and suitable for purpose** | | | | | | | | | |
| **Is the equipment safe and appropriate for this activity?** | | | | | | | Yes ⬜ | | No ⬜ |
| **Is the PAT testing up to date?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If no applies to either of the above, please outline below the unsafe equipment, who may be at risk and action taken, if any:** | | | | | | | | | |
| **PARTICIPANTS**  **Check that the delegate list is up-to-date** | | | | | | | | | |
| **Are there any special requirements to meet the needs of participants?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If yes, please outline below any adjustments required and action taken, if any:** | | | | | | | | | |
| **Are any attendees likely to be under the age of 18, or adults at risk?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If yes, please identify the person at the event who will deal with any issues:**  **Please also identify the IET member who will notify the** [**IET safeguarding lead**](mailto:ieteducation@theiet.org?subject=Safeguarding%20Lead%20report) **of any issues:**  ***Information about safeguarding can be found in the*** [***Safeguarding Policy***](https://www.theiet.org/volunteers/active/how-iet-works/safeguarding-children-and-adults-at-risk.cfm) | | | | | | | | | |
| **RISK OF INJURY**  **Review activities for injury hazards** | | | | | | | | | |
| **Is there a risk of injury to any persons during or as part of setting up and breaking down, or any activities at the event?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If yes, please outline the likelihood and potential type of injury, who is likely to be affected, actions necessary to control the risk and who is responsible:** | | | | | | | | | |
| **EMERGENCY SERVICES**  **Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers** | | | | | | | | | |
| **Are emergency access points checked and operational?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If no, please outline below the issues and action taken, if any:** | | | | | | | | | |
| **Is a working telephone available?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If yes, how do you obtain an outside line?** | | | | | | | | | |
| **If no, outline below how you can access Emergency Services:** | | | | | | | | | |
| **IET ASSISTANCE REQUIRED**  **(If Applicable)** | | | | | | | | | |
| **Does the IET need to take any further action?** | | | | | | | Yes ⬜ | | No ⬜ |
| **If yes, please outline below the assistance required from the IET and how obtained:** | | | | | | | | | |

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| --- | --- | --- |
| **Signature of Assessor:** | **Print Name:** | **Date:** |

***Please have this document available for inspection if requested***

***For more information on running an event safely, please see the Health & Safety Executive website*:** <http://www.hse.gov.uk/event-safety/running.htm>