

**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** **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>