

## General Risk Assessment – to be completed by Event Organiser

Task / activity or premises assessed: \_\_\_\_\_

Location: \_\_\_\_\_

Name of assessor: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Review Date: \_\_\_\_\_

Hazards and Effects	Affecting Whom (staff / visitors / public / contractors)	Risk rating with no controls	Existing Controls (if any)	Residual risk rating (With existing controls)	Actions required where residual risk is still too high




**Signature of Assessor:** \_\_\_\_\_

**Date:** \_\_\_\_\_