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| EVENT: | VENUE: | | | EVENT DATE: | RA UPDATE: | | INITIAL: |
| EXHIBITOR CONTACT: | RA UNDERTAKEN BY:  [SIGNED FOR EXHIBITOR] | | | PROBABLIITY   1. VERY UNLIKELY 2. UNLIKELY 3. VERY LIKELY 4. LIKELY 5. ALMOST INEVITABLE | SEVERITY   1. TRIAL 2. MINOR 3. MAJOR 4. MULTIPLE DEATHS/LIFE CHANGING INJURIES 5. DEATH/MULTIPLE SERIOUS INJURY | | ACTION LEVEL  HIGH  MED  LOW |
| EXHIBITOR ADDRESS: | WHO IS AT RISK:  EXHIBITOR STAFF [E]  EVENT ATTENDEES/GENERAL PUBLIC [A]  VENUE STAFF [V] | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | RISK CALCULATION | | | | | | | PROBABILITY | 5.M | 10.H | 15.H | 20.H | 25.H | | 4.L | 8.H | 12.H | 16.H | 20.H | | 3.L | 6.M | 9.H | 12.H | 15.H | | 2.L | 4.L | 6.M | 8.H | 10.H | | 1.L | 2.L | 3.L | 4.L | 5.M | |  | SEVERITY | | | | | | | | |
| **HAZARDS** | **WHO IS AT RISK** | **POTENTIAL CONSEQUENCES** | **RISK LEVEL** | **CONTROLS** | | **RESIDUAL RISK LEVEL** | **ACTION LEVEL** |
| EXAMPLE LINE:  *Slips, trips and falls during the event* | *E,A,V* | *Minor injuries, strains/sprains & fractures* | *6* | *First aid trained employee onsite, ensure event area is well maintained and adequately lit. Staff will conduct visual inspection for trip hazards and ensure good housekeeping to reduce risks.* | | *4* | *LOW* |
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METHOD STATEMENT:

*Include details as to company policy on H&S, processes, assigned H&S roles and any third parties who will be part of the event.*