**Fundraising Event Risk Assessment Form**

Completed by:

Position:

Date:

We’ve shown some of the usual event hazards below, but please add any extra hazards you’ve identified, together with what you are doing to minimise the risks.

| **What are the identified hazards?** | **Who might be harmed and how?** | **What are you doing to limit these risks?** | **Action by whom?** | **Date and time actioned** |
| --- | --- | --- | --- | --- |
| Slips, trips and falls | Guests/volunteers | Floor clear of hazards: no boxes in walkways; cables taped securely. Venue well lit. | Event organiser/ nominated volunteer  |       |
| Burns |  | Equipment in good order. Sighted individual supervising hot equipment/ hot service. All aware of safe food practices. No self-service.  |  |       |
| Electric shock |  | Check equipment PAT (portable appliance) tested/in good order if holding Tea at home. |  |       |
| Manual handling issues |  | Furniture moved by able-bodied volunteers. All aware of safe handling. Prevent guests moving tables/stacking chairs. |  |       |
| Children as guests |  | Children accompanied by parent. Permission obtained to photograph children/use their image. |  |       |
| Food allergies | Individuals with a food intolerance/allergy | Follow Food Standards Agency guidelines. E.g. listing ingredients. |  |  |

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