**Event Risk Assessment Form**

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| **Event Name:** |  | **Date:** |  | **Venue:** |  |

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| **(1)****Activity / Area of Concern**i.e. what is taking place as part of the event? | **(2)****Hazards Identified**i.e. what can cause harm? | **(3)****Persons at Risk**i.e. who could be harmed by the hazard and how? | **(4)****What are you already doing?**i.e. determine the level of risk | **(5)** **Actions to be taken to minimise each risk**i.e. Do you need to do anything else to manage this risk? | **(6)****Person responsible**i.e. who is responsible for taking the necessary action |
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