**Event Name:** #

**Date of event:** #

**Location:** #

**Date of assessment:** #

**Name of person conducting assessment:** #

| **Ref No.** | **Hazards Identified** | **Risks Identified** | **Severity/**  **Consequence**  *How bad could it be?* | **Frequency or Likelihood**  *How often could it happen?* | **Level of Risk**  *See attached risk matrix* | **Current Control Measures**  *What will be done to control the risk?* |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |