

Clubs & Societies

Risk Assessment Form

Please send your completed form to [clubs@qub.ac.uk](mailto:clubs@qub.ac.uk) for sporting clubs, or [societies@qub.ac.uk](mailto:societies@qub.ac.uk) for societies.

**Details of Club/Society**

|  |  |  |  |
| --- | --- | --- | --- |
| Club or Society Name |  | Date Prepared |  |
| Your name and role within the Club or Society |  | Date of Event / Activity |  |
| Club or Society Secretary |  | Address and Phone Number |  |

**Details of Activity**

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| --- | --- | --- | --- |
| Event / activity being assessed: |  | Describe in more detail where this event / activity takes place: |  |

**Step 1**

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| **How can people get hurt?** Use this as a checklist and add other items, unique to your event / activity, if necessary. Step back and consider any other Hazards! Involve the committee, attendees and where necessary any other support people present, in deciding what are to be included. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazards Checklist –** Tick beside any that apply to your event / activity | | | | | | | |
| 1. Access/Egress (Obstructions?) |  | 11. Flammable Materials |  | 21. Pressure Systems |  | 31. Lost Students |  |
| 2. Animals |  | 12. Food Hygiene |  | 22. Radiation (RF, Microwave etc)  Radiation (radio-active sources) |  | 32. Intoxication |  |
| 3. Asbestos |  | 13. Hand Tools |  | 23. Slipping, Tripping, Falling |  | **How else could people get hurt? (Specify below)** | |
| 4. Audience Control |  | 14. Hazardous Substances (CoSHH) |  | 24. Storage (racks, shelves etc) |  | 33. |  |
| 5. Compressed Gas/Cryogenics  (Storage & Use) |  | 15. Heights  (inc ladders, scaffolding) |  | 25. Transport forklift trucks, vehicles. |  | 34. |  |
| 6. Confined Spaces |  | 16. Lifting Equipment |  | 26. Violence (attack and public disorder) |  | 36. |  |
| 7. Construction Work |  | 17. Lone Working |  | 27. Weather (hot/cold/lightening) |  | 37. |  |
| 8. Display Screen Equipment (DSE) |  | 18. Manual Handling |  | 28. Working Environment  (inc Temporary Workplaces) |  | 38. |  |
| 9. Electricity (inc portable appliances) |  | 19. Noise Exposure - (Equipment/Music/Headphones) |  | 29. Working Patterns / Work organisation |  | 39. |  |
| 10. Fire (building fire safety) |  | 20. Office Equipment |  | 30. Workshop Equipment |  | 40. |  |

**Step 2**

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| Please complete the below form to outline the potential hazards involved. *Make sure to cover all risks that are ticked in Step 1.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity**  What are you doing, where, for how long and who will be involved? | **Hazards and Controls**  How could someone become hurt or made ill. | **Control Measure**  How are you going to prevent the hazard from happening? | **Severity and Likelihood Score**  *See guide below*. For example, if Minor and Possible the score is 4. | **Risk Rating**  *See guide below*. For example, if you entered 4 for Severity and Likelihood, the Risk Rating is Medium | **Further Actions**  What other measures will you take to prevent risks? | **Accountable/Date**  Who is accountable for the control measures and/or further actions, and what date will these be carried out? |
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**Risk Rating Guide**

**Severity and Likelihood Guide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Severity | Likelihood | | | |
| Unlikely | Possible | Likely | Very Likely |
| Very Minor | 1 | 2 | 3 | 4 |
| Minor | 2 | 4 | 6 | 8 |
| Significant | 3 | 6 | 9 | 12 |
| Major | 4 | 8 | 12 | 16 |

|  |  |
| --- | --- |
| Risk Rating | |
| Score | Risk Level |
| 1-2 | Low |
| 3-6 | Medium |
| 8-9 | High |
| 12-16 | Very High |

**Please tick to confirm that relevant insurance is in place for the proposed activity**

**Step 3**

**To be completed by Club/Society**

**Delete as applicable:** I am satisfied that the risk(s) identified are acceptable without additional control measures being in place.

**OR:** I am not satisfied that the risk(s) identified are acceptable without additional control measures being in place. I have therefore taken action to prevent the activity continuing.

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| Please complete the below declaration and acceptance. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Printed) |  | Student Number |  |
| School/subject |  | Year of study |  |
| Date |  | Club or Society |  |
| Telephone |  | QUB Email |  |

**For office use only:**

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| I am satisfied that the below protocols have been adhered to in the completion of this risk assessment: | Risk Assessment form completed  Offsite Travel Form completed  (if necessary)  Mystery Tour Offsite Form completed  (if necessary) |

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| --- | --- | --- | --- |
| Received by QUBSU Clubs and Societies Staff Member: |  | Date |  |
| Assessment No. |