



**Basic Event Risk Assessment Form**

|                        |                 |
|------------------------|-----------------|
| <b>EVENT NAME:</b>     | <b>CONTACT:</b> |
| <b>COMPANY NAME:</b>   | <b>ABN:</b>     |
| <b>SCOPE OF EVENT:</b> |                 |

Work Health and Safety Legislation requires Persons Conducting Business or Undertakings identify hazards and risks as a result of their activity and implement controls to minimise the risk of injury and illness as far as reasonably practicable.

Please complete the following form and provide information relating to risk controls that you plan to implement for any of the identified hazards.

| Does your Event involve any of the following hazards? (Please Tick) |                          |  |              |  |                             |
|---|--------------------------|--|--------------|--|-----------------------------|
|   | Food / Beverage Sampling |  | Cooking      |  | Chemicals                   |
|   | Animals                  |  | Naked Flames |  | Biological Waste            |
|   | Work at Height           |  | Steam        |  | Machinery/ Plant            |
|   |                          |  |              |  | Electrical Fixtures         |
|   |                          |  |              |  | Knives / Cutting Implements |
|   |                          |  |              |  | Vehicle Display             |

**Please complete the table below for any hazards related to your event. If you have ticked any of the above hazards they must be included in the table below.**

| Identified Hazard<br>(Eg. Electrical Fixtures) | How person could be harmed?<br>(Eg. Person electrocuted by faulty electrical installation) | Methods of controlling hazard<br>(Eg. Residual Current Device within venue, Electrical Leads are tested and tagged prior to operation) | Person responsible for implementing controls |
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**Please answer the following questions:** (Circle)

|    |  |   |           |
|----|--|---|-----------|
| 1. | Do you have Work Health and Safety Procedures?   | <b>Yes</b>  | <b>No</b> |
| 2. | Have all personnel been trained in the tasks they are performing and are they aware of their WHS responsibilities? | <b>Yes</b>  | <b>No</b> |
| 3. | Do you have any WHS convictions or outstanding improvement notices that we should be aware of?                     | <b>Yes</b><br><small>(please provide details)</small> | <b>No</b> |
| 4. | Will all equipment used during your event comply with relevant Australian Standards and/or Statutory requirements? | <b>Yes</b>  | <b>No</b> |

**During the event I will ensure that health and safety risks are eliminated or minimised as to a level that is reasonably practicable as per my *duty of care* obligations under the Work Health and Safety Regulations.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Signed: \_\_\_\_\_