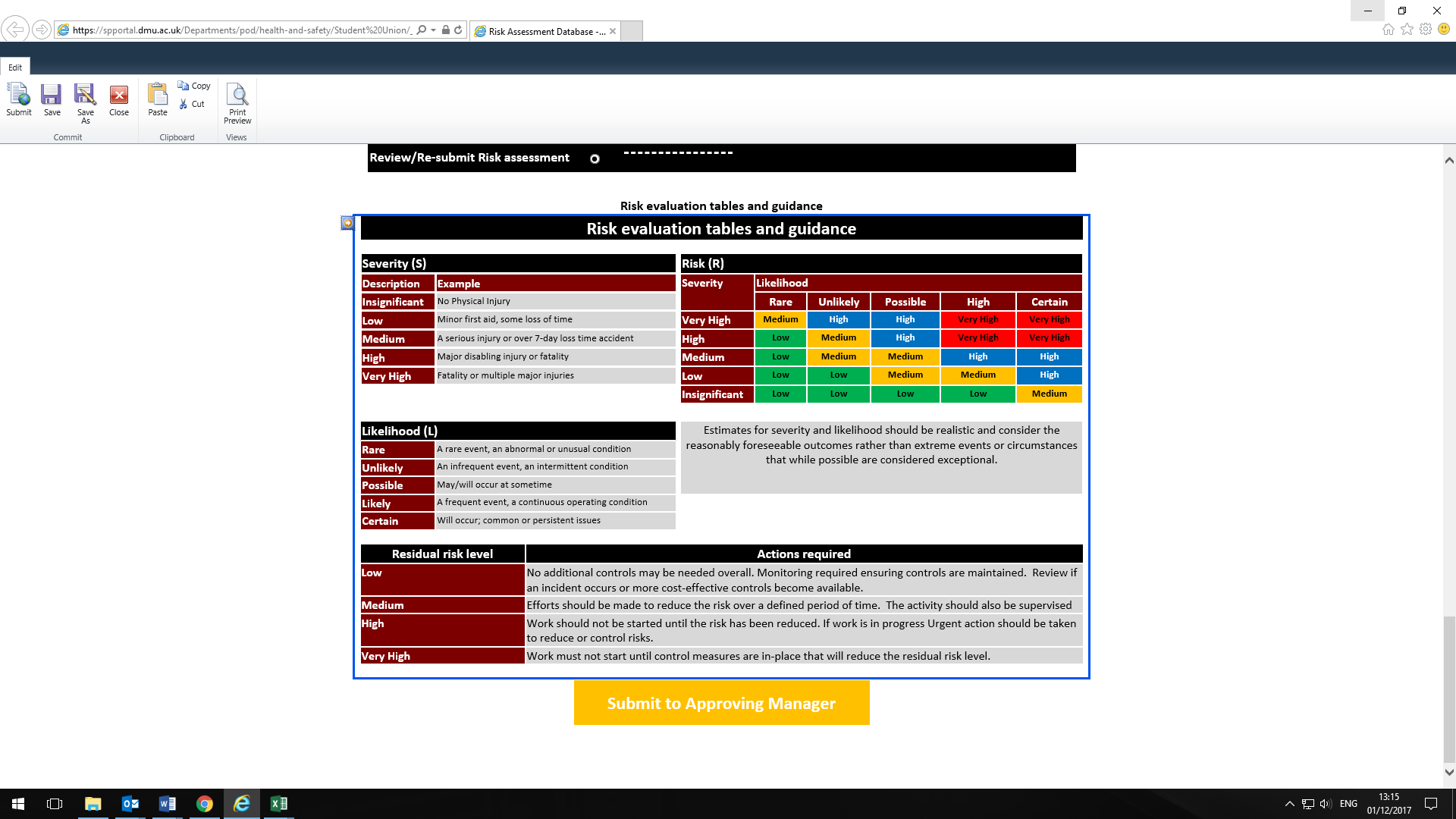
**Student Group Risk Assessment Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Student Group |  | | | | | |
| Name of Assessor (This should be your Health and Safety Officer) |  | | Date of Assessment | |  | |
| Name of Activity |  | | | | | |
| Brief Description of Activity |  | | | | | |
| Date of Activity |  | | Location of Activity | |  | |
| Estimated number of attendees |  | | External Speaker (If yes please unsure you have completed a guest speaker form) | |  | |
| If there alcohol being served at the event? *Please provide details of the event location license.* |  | | Is there Food being served at the event? *Please provide details of where this is being source.* | |  | |
| Who might be harmed? *Please tick all that apply* | Society member: | Student (Non society member): | | Public: | | Minor: |



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Activity/Task/ Situation* | What are the hazards and how will persons' be harmed | Those at Risk? | Risk Level without control measures | What are the control measures | Risk Level with control measures | Action by whom |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Approved by: *(DSU Staff Member)* | Approval Date: |
|  |  |