**Student Group Risk Assessment Form**

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| 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:  |



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