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**EVENT RISK ASSESSMENT**

***Please read the following guidance in full before completing the template form below:***

*The event risk assessment template form should be completed* ***no later than 10 working days in advance*** *for any events on/off campus related to university activity, business or community involvement, including but not limited to: exhibitions, ceremonies, launches, receptions, official/VIP visits, festivals, commemorations, concerts, celebratory gatherings, conferences, open days, fundraising or recreational events.*

*There is a separate risk assessment template for trips/travel and for events organised by student societies.*

*Section 4 of the template should be signed by the relevant Head of School/Function and a copy of the risk assessment retained on file by the School/Function for 3 years. For all events, the event organiser should ensure a dynamic review of the completed risk assessment takes place in real-time to take account of changing circumstances or emerging hazards.*

***Traffic Light Risk Categories:***

*In order to assist with the application and approval process for events, a traffic light risk category table has been developed. Each risk category* ***RED****,* ***AMBER*** *and* ***GREEN*** *has examples listed in the table below with an associated course of action to be followed.*

*Events falling into the* ***GREEN*** *category can be approved and signed-off by the relevant Head of School/Function. Events falling into the* ***AMBER*** *or* ***RED*** *categories will require additional review and consultation with TU Dublin professional services as outlined below.*

**RED**  Refer to TU Dublin Insurance (insurance@tudublin.ie) for approval before proceeding.

Once insurance cover has been approved, follow “amber” steps below.

Under no circumstances should an event in this category proceed without prior approval.

**AMBER** Complete an event risk assessment (template provided below) **no later than 10 working days in advance** and forward to the following offices for review:

* 1. Safety, Health & Welfare Office, email shw@tudublin.ie
	2. Insurance, email insurance@tudublin.ie
	3. Relevant Facilities Management where the event takes place on campus:

Sodexo for Central & East Quad, email Helpdesk.Grangegorman.Uni.IE@sodexo.com

Campus & Estates for all other buildings, email campusandestates@tudublin.ie

**Unfortunately the Safety Health & Welfare Office will be unable to provide assistance where submissions are received outside the timeline of ten working days.**

**GREEN** Complete an event risk assessment\* (template provided below) and forward only to your Head of School/Function for review and approval.

*\*Frequently recurring events of a low-risk nature (e.g. guest speaker) may already be covered under your School/ Function Safety Arrangements and Risk Assessment document and therefore a separate event risk assessment may not be required. Please liaise with your Head of School/Function in this regard and seek advice from the SHW Office if necessary.*

***Event Risk Category Table Provided by Insurance***

|  |  |  |
| --- | --- | --- |
| **RED** | **AMBER** | **GREEN** |
| Aircraft , hovercraft or watercraft AsbestosDesign, plan, specification, treatment or advice (provided  for a fee)Liability specifically assumed under contractMechanically propelled vehicles or trailersTerrorism War  | Activity outside Republic of Ireland Children involved -under 18 (other than TU Dublin registered students)Vulnerable children/adults including those with disabilitiesContract to be signed Fire arms, fireworks or similar Hazardous or toxic goods or chemicals Joint or multi party venture Machinery involved own or hired in Manual work involved Medical/Clinical related Motor vehicle, aircraft or water craft involved Outside TU Dublin premises Third parties involved in business related activities on TU Dublin premises e.g. sellers/promoters, performers, contractors etc.Work at height or depth  | All other risks not covered in Red and Amber. You will still need to complete a risk assessment and consider the potential for: * Injury to students
* Injury to staff
* Injury to third parties
* Damage to TU Dublin property & equipment
* Damage to third party property
 |

**Please click** [**here**](https://www.tudublin.ie/for-staff/safety-health-welfare/) **to access the Safety, Health & Welfare Website for information on:** location of Assembly Points, accident report forms, list of first-aiders, and first response procedures.

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| ***EVENT RISK ASSESSMENT TEMPLATE FOR COMPLETION*** | ***SECTION 1*** | ***INFORMATION*** |
| **1** | **School/Function** |  |
| **2** | **Name of Event Organiser** |  |
| **3** | **Risk Assessment completed by** |  |
| **3** | **University email address**  |  |
| **4** | **Phone number** **(preferably a university contact number)** |  |
|  | ***SECTION 2*** | ***EVENT INFORMATION*** |
| **5** | **Risk Category (Red/Amber/Green)** |  |
| **6** | **Date(s) of Event set up** |  |
| **7** | **Date(s) of Event** |  |
| **8** | **Time of Event** | **Start time:**  | **Finish time:** |
| **9** | **Full Address of Event***(for on-campus events please include buildings & room numbers)* |  |
| **10** | **Nature/Type of Event***e.g. fundraiser, concert, launch, VIP visit etc.* |  |
| **11** | **Description of Main Activities** *Please describe the event in full* |  |
| **12** | **Expected Attendees**  | **TYPE** | **APPROX. NUMBER** |
|  |  | Undergraduate students |  |
| Postgraduate students |  |
| University staff members |  |
| Members of the public |  |
| Children (U-18) other than registered university students |  |
| Contractors / Service Providers and Suppliers (including entertainment, catering, media etc.) *Please specify here:* |  |
| Officials/VIPs |  |
| People with particular access/egress requirements |  |
| Other: *Please specify here* |  |

**SECTION 3: RISK ASSESSMENT**

The table below sets out the hazards that may affect your event. Please use them as a guide when completing your risk assessment specific to your event. This list is not exhaustive and should be modified to suit your needs. Please confirm Yes/No/N/A for each hazard and control listed below.

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| --- | --- | --- |
| **HAZARD IDENTIFICATION****& RECOMMENDED CONTROL MEASURES** | **YES / NO / N/A***(yes, indicates it applies to the event and control measures have been or will be checked/confirmed/implemented by the event organiser as appropriate)* | **PLEASE LIST OTHER CONTROL MEASURES/ADDITIONAL ACTIONS REQUIRED***(you may also use this column to provide any relevant information/comments)* |
| **ACCESS & EGRESS** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Entry / Exit areas are clear and universally accessible. |  |  |
| Entry / Exit areas are adequate for emergency exit and emergency services. |  |  |
| Access routes are well defined and clearly marked/signposted.  |  |  |
| Attendees have been requested to notify of any particular access/egress requirements in advance of event.  |  |  |
| Parking arrangements will be communicated in advance.  |  |  |
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| **AMENITIES** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Adequate sanitary facilities are provided and signposted. |  |  |
| A supply of drinking water is available. |  |  |
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| **CASH HANDLING** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
|  |  |  |
|  |  |  |
| **COVID-19** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Hand sanitiser/hand washing facilities are available. |  |  |
| Face coverings will be worn indoors if/when required as per latest public health guidance.  |  |  |
| Individuals presenting with COVID-19 symptoms will be isolated immediately.  |  |  |
| Cleaning & disinfection of frequently touched or shared surfaces/objects will take place. |  |  |
| Indoor spaces will be adequately ventilated by mechanical or natural means. |  |  |
|  |  |  |
| **CROWD CONTROL** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
|  |  |  |
|  |  |  |
| **ELECTRICITY** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information**

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| *Insert details of use of extension leads, generators and controls for same.* |
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| The number of devices to be connected to the power supply exceeds the number of sockets available. |  |  |
| The use of extension leads will be required.  |  |  |
|  |  |  |
| **EQUIPMENT** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information***Insert details of any special equipment* |
|  |  |  |
|  |
| **FIRE & EMERGENCIES** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| An event safety announcement will highlight to attendees the location of emergency exits, assembly points and evacuation procedures to be followed.  |  | *location of exits:* *location of assembly points:* |
| Location of nearest fire extinguisher and manual fire alarm call point identified in advance. |  |  |
| Emergency egress plan prepared in advance for any attendees requiring special assistance to evacuate  |  |  |
| Emergency response procedures are available and event organiser is familiar with same  |  |  |
| Escape routes and emergency exits will be kept clear from obstructions |  |  |
| Appropriate fire-fighting equipment is readily available nearby  |  |  |
| Event organiser/staff have completed emergency response training course  |  |  |
|  |  |  |
| **FIRST-AID** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
|  |  | *Location of nearest Defibrillator/AED:**Location of nearest First-Aid Kit:**Name & number of trained First-Aider:* *All incidents should be reported, forms available online click* [**here**](https://www.tudublin.ie/for-staff/safety-health-welfare/) |
| First-aid equipment, facilities and trained personnel available and suitable for type of event |  |  |
| Listing of internal and external emergency numbers on hand  |  |  |
|  |  |  |
| **FOOD & ALCOHOL** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
|  |  | *Name of catering company:**Provide brief description of food & beverages to be served (e.g. sandwiches, hot finger food, tea/coffee, wine):* *Provide details of any portable gas/electric catering equipment to be used outside of a kitchen setting to prepare/heat/cook on location e.g. BBQ, burco water boiler, bain marie, chafing dish etc.* |
| Adequate facilities for preparation, storage and serving of food/beverages. |  |  |
| Food allergen information provided at point of service. |  |  |
| Supplies readily available for cleaning/mopping of spillages. |  |  |
| Alcohol policy will be enforced to ensure responsible service and consumption practices (e.g. max limits per person, non-alcoholic alternatives available, over 18s only). |  |  |
|  |  |  |
| **MANUAL HANDLING** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Manual handling training course completed by all relevant personnel. |  |  |
| Safe systems in place to handle heavy/bulky items e.g. team lifting, divide/lighten the load, use of mechanical aid. |  |  |
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| **NOISE** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Event includes amplified music/speeches or other noise at a level likely to cause disturbance to general campus activities and/or adjoining neighbourhood  |  |  |
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| **PERMITS & LICENCING** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information***Please detail any permit or licencing requirements* |
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| **PERSONAL PROTECTIVE EQUIPMENT & CLOTHING (PPE)** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information***Please detail PPE* |
| PPE will be required and provided (please specify types of PPE) |  |  |
|  |  |  |
| **SECURITY** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Additional security levels have been arranged with Estates & Facilities Management or organized externally for the event. |  |  |
|  |  |  |
| **SENSITIVE RISK GROUPS e.g. children, people with disabilities, pregnant individuals** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
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|  |  |  |
| **SIGNAGE** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Adequate signage in place to highlight any warnings/hazards/restricted areas |  |  |
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|  |  |  |
| **TEMPORARY STRUCTURES** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information***Detail information on stall, stage, platform, marquee, gazebo, portaloos etc.* |
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|  |  |  |
| **TRAFFIC MANAGEMENT** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Vehicle access onto campus grounds is required for set up/dismantling/goods delivery. |  |  |
| Movement of vehicles will be controlled and adequately separated from pedestrians.  |  |  |
| Traffic management personnel will wear high visibility clothing and carry communication devices  |  |  |
| Adequate traffic flow signage will be put in place. |  |  |
|  |  |  |
| **UTILITIES & SITE SERVICES** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Does the location of underground services(power/gas/electrical services) oroverhead power lines need to be identified?  |  |  |
|  |  |  |
| **WASTE MANAGEMENT** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| Adequate number of waste and recycling bins available. |  |  |
| Additional or specialised waste management requirements will be arranged with Estates & Facilities Management. |  |  |
|  |  |  |
| **WEATHER CONDITIONS** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
| National weather service will be checked in advance for forecast of adverse weather conditions. |  |  |
| Weather conditions planned for as appropriate e.g. non-slip mats, shade/shelter, sunscreen, appropriate clothing & footwear.  |  |  |
| Conditions monitored throughout event if outdoors e.g. wind speeds. |  |  |
|  |  |  |
| **WORKING AT HEIGHT** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information***Give details on setting up displays/props/ lighting, erecting signs/banners, use of ladders/scaffolds/elevated work platforms etc.* |
|  |  |  |
|  |  |  |
| **OTHER HAZARDS** | **YES / NO / N/A** | **Insert Control Measures, Additional Actions & Information** |
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|  |  |  |

**SECTION 4**

***Approved by the Head of School/Function:***

Name: Click or tap here to enter text.

School/Function: Click or tap here to enter text.

Date: Click or tap to enter a date.

***The event organiser should ensure a dynamic review of the completed risk assessment takes place in real-time to take account of changing circumstances or emerging hazards. The School/Function should ensure that a copy of the approved risk assessment is retained on file for 3 years from the date of the event.***