**Name of Society:**

**Name of Representative:**

**Representative Position:**

**Name of Event/Activity:**

This Supplemental Risk Assessment must be completed before you undertake any event or activity that was not covered by your General Risk Assessment.

Please follow the following steps in filling out the attached Event/Activity sheets.

**1. What are the hazards of your regular activities?**

What are the foreseeable hazards, risks and dangers? Also, don't forget long-term health hazards.

**2. Who might be harmed and how?**

Identify groups of people. Don’t forget people this can include people not directly involved in your society event/activity.

**3. What are you doing already to reduce risk? What further action is necessary?**

List what is already in place to reduce the likelihood of harm or make any harm less serious.

**4. How likely is this risk to occur? How severe are the consequences?**

Indicate the level of hazard (not serious/serious/very serious) and how likely it is to occur (not likely/likely/very likely).

**5. How will you put this risk assessment into action?**

Remember to prioritise. Deal with those hazards that are high-risk and have serious consequences first.

If you require additional space, please use more than one sheet for your Event/Activity.

**SIGNATURE:**

**DATE:**

**Description of Event/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

**VENUE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **What are the hazards?** | **Who might be harmed and how?** | **What are you doing already to reduce risk?** | **What further action is necessary?** | **How likely is this risk to occur? How severe are the consequences?** | **How will you put this risk assessment into action?** |
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