**All event documentation must be kept by the Business Area for 8 years for review/audit purposes. Please forward this completed form, after it has been approved by your area, to** **whs@flinders.edu.au** **and** **security@flinders.edu.au** **(and ServiceOne requests for each service required). Refer to the** [**event safety procedures and manual**](https://staff.flinders.edu.au/workplace-support/whs/information-documents/topic/event-safety) **for more details on timeframes, roles and running an event.**

**Event Name:** Click or tap here to enter text.

**Event Description:** Click or tap here to enter text.

**Person Completing** Click or tap here to enter text. **Date completed:** Click or tap to enter a date.

**Event Organiser(s):** Click or tap here to enter text.

**Expected attendance:** Click or tap here to enter text.(*if unsure please provide a range estimate*)

|  |
| --- |
| **Event Dates (*if the event is repeated, copy and paste subsequent rows as required to keep the lists and date fields.*)** |
|  | **Start** | **End** | **Venue** |
| **No.** | **Date** | **Time** | **Date** | **Time** | **Location(s) / Facility / Rooms** | **Venue Type** |
| **1** | Click or tap to enter a date. |  | Click or tap to enter a date. |  |  | Choose an item. |
| **2** | Click or tap to enter a date. |  | Click or tap to enter a date. |  |  | Choose an item. |
| **3** | Click or tap to enter a date. |  | Click or tap to enter a date. |  |  | Choose an item. |

**Type of Event (if not listed, choose 'Other' and specify)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Open Days | [ ]  | O' Week / O' Fiesta |
| [ ]  | Community Event | [ ]  | Public lecture / Seminar |
| [ ]  | Graduation | [ ]  | Conference |
| [ ]  | School visit / Campus tour | [ ]  | Orientation |
| [ ]  | Exhibition | [ ]  | Sports / Club |
| [ ]  | Festival / Fair / Expo | [ ]  | Networking |
| [ ]  | Barbecue | [ ]  | Marketing Function |
| [ ]  | Awards night | [ ]  | External (non-Flinders) |
| [ ]  | Other (*please specify*) |  | Click or tap here to enter text. |

**Event Stakeholders (i.e. people who are involved, interact or have an interest in the event)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Organisers | [ ]  | WHS staff |
| [ ]  | Event Workers | [ ]  | Marketing and Events |
| [ ]  | Volunteers | [ ]  | Flinders University Student Association |
| [ ]  | Maintenance / Campus Presentation | [ ]  | Flinders Living |
| [ ]  | Security / Parking | [ ]  | Local Council (i.e. BBQs, food services) |
| [ ]  | Contractors / Caterers / Performers / Entertainers | [ ]  | Emergency Services (i.e. Police, Fire Service) |
| [ ]  | University Insurance | [ ]  | Building owner / other tenants |
| [ ]  | Wardens / First Aid Officers | [ ]  | Local Neighbourhood (i.e. noise) |
| [ ]  | Staff | [ ]  | Public |
| [ ]  | Students | [ ]  | Flinders / Sports / Student Clubs |
| [ ]  | IDS (i.e. audio / visual, computer support) | [ ]  | Venue Owner |
| [ ]  | Other (*please specify*) |  | Click or tap here to enter text. |

|  |
| --- |
| **Event Planning Committee** |
| **No.** | **Member's Name** | **Position** | **Contact #** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

|  |
| --- |
| **Key Event Workers** |
| **No.** | **Person's Name** | **Role** | **Contact #** |
| **1** |  |  Emergency Plan Contact |  |
| **2** |  |  First Aid Contact |  |
| **3** |  |   |  |

[ ]  ***Tick*** if using contractors / caterers/ performers / entertainers

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractors / Caterers / Performers / Entertainers** |  |  |  |
| **No.** | [**Registration Status?**](https://staff.flinders.edu.au/workplace-support/contractors.html) | **Contact Name** | **Company Name** | **Work Type** | **Work Performed / Activity** | **Contact#** |
| **1** |   |   |  |   |  |  |
| **2** |   |   |  |   |  |  |
| **3** |   |   |  |   |  |  |

Contractor registration refers to the process of registering with the University by providing WHS documentation to prove work will be conducted safely. For information on contractor registration and induction please view the [contractor safety information](https://staff.flinders.edu.au/workplace-support/contractors.html). Contractor documentation and inductions need to be up-to-date.

[ ]  ***Tick*** if vendors / stall holders / exhibitors are setting up at this event

|  |
| --- |
| **Vendor / exhibitor general information (including stall owner names)** |
| **No.** | **Vendor / Exhibitor Name** | **Vendor / Stall Type** | **Contact Phone** | **Vendor / Stall Type** | **Comments** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |   |  |  |  |

**OTHER KEY EVENT INFORMATION**

Other general event issues to consider as part of the overall event preparation include:

# General security and crowd control

University Security (or site security where University Security is not available for remote sites) needs to be advised and given relevant documents about the event for security review, including any crowd control, parking or traffic management.

|  |  |  |
| --- | --- | --- |
| Additional security requirements:(*box expands as needed*) |  |  |
| Communication channels between parties |
| Consider site maps of the event area, any changes to the area used (i.e. access / egress blocked off?) How is communication maintained (i.e. mobile phone, walkie talkies)?Are there any specific communication processes in place (i.e. lost child process)? |
|  |
| Communication details:(*box expands as needed*) |  |  |
|  |  |  |
| Contingency Plan |  |  |
| A contingency plan needs to be in place in the event of an incident or other issue preventing the event running safely (i.e. bad weather, venue not available). Consider contact person, stakeholders, reporting process (when and who makes the call to change or cancel the event), modification to event venue or changes to activities no longer availableProvide additional documentation as required. |
| **Note:** The box below expands to include as much detail as needed |
|  |
| Contingency plan details:(*box expands as needed*) |  |  |
|  |  |  |
| Other details |
| If there are details not already covered, please include the details in the expanding box below. |
| **Other relevant details:** |  |  |
| (*box expands as needed*) |  |



**Event Safety Assessment**

|  |  |
| --- | --- |
| **Event Risk Assessment No** |  |
| **Document References** |  |

Before commencing, please see the reference page (last page) for a description of the risk assessment process and the risk assessment matrix.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business Area** |  | **Location(s)** |  | **Event Activity/Tasks** |  |
| **Assessed by Name(s)** |  | **Last Reviewed** | Click or tap to enter a date. | **Area / Unit Manager email** |  |

## ADDITIONAL INFORMATION:

1. ***Does this event require any of the following documentation?*** If STATUS is 'Yes' please provide approval/permit reference details/number and date for each document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **STATUS** | **Approval/permit reference details/number** | **Date** |
| [ ]  | Alcohol licence / permit |   |  | Click or tap to enter a date. |
| [ ]  | Amusement structures |   |  | Click or tap to enter a date. |
| [ ]  | High Risk Work permits (i.e. work at heights) |   |  | Click or tap to enter a date. |
| [ ]  | Other permits/certifications/licences | Details:  |
| [ ]  | Other mandatory documentation | Details:  |

***2. Have Safe Work Procedures been developed for this project/task/protocol?*** Yes [ ]  No [ ]  If YES, please enter **document reference** details at the top of the page.

## Review the risk measured, and the controls, then please select one of the following:

1. The assessment reveals that the potential risk to health and safety from the use of the event is not currently significant. [ ]
2. The assessment reveals that the potential risk to health and safety from the use of the event is significant. However controls are in place that reduce risk as low as is reasonably practicable. [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified Hazards** | **Risk Assessment** | **Risk Rating****(see matrix)** | **Required Controls (consider control hierarchy)** | **Residual risk** | **Implementation** |
| **No.** | **Hazard Type** | **Hazard Description prompts** | **Comment/Specific Details** | **Consequence** | **Likelihood** | **Consequence** | **Likelihood** | **Risk Measure (see matrix)** | **Date Controls Implemented** |
| **1** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **2** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **3** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **4** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **5** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **6** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **7** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **8** | Choose an item. |  |  |   |   |   |  |   |   |   |  |
| **9** | Choose an item. |  |  |   |   |   |  |   |   |   |  |

***Copy and paste subsequent rows as required to keep the lists and date fields.***

# To be completed by Supervisor

## Review of control measures

I am satisfied that appropriate controls are in place and the risk level is as low as reasonably practicable – Yes [ ]  \*No [ ]  (\*if No, you must do another Risk Assessment.)

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor signature: |  | Date:  | Click or tap to enter a date. |

Are there factors such as high risk and significant impact on the University which may occur for this event, or Senior Management approval is otherwise required? Yes [ ]  \*No [ ]

(\*if Yes, College/Portfolio Senior Management needs to approve the event.)

|  |  |  |  |
| --- | --- | --- | --- |
| Senior Management signature: |  | Date:  | Click or tap to enter a date. |

**Purpose of this Event Safety Assessment:**

to bring together the assessment of all risks associated with the conduct of an event and related activities, and to identify the controls required to minimise those risks:

* Consider the use of any **contracted services**, **hazardous chemicals** and **plant/equipment** in the process and the **environment** and **manner** in which it is conducted.
* Cross reference all relevant Activity, Hazardous Chemical or Plant Risk Assessments, and include approval/permit references where applicable.

**Step C – Calculate the Risk Level**

1. Take the Step A rating and select the correct line in the matrix below.
2. Take the Step B rating and select the correct column in the matrix below.
3. Circle the risk level where the two ratings intersect in the matrix below.

Risk level =

|  |  |
| --- | --- |
| **Step A - Consider the consequences** | **Step B - Consider the likelihood** |
| For each hazard, consider the consequences if something happens. Consider what could reasonably have happened, as well as what actually happened (if there was an accident/ incident). Look at the descriptions below and choose the most suitable consequence below. | How likely is it that something will happen as a result of the hazard?Choose the most suitable likelihood below. |
| **Consequence** | **Description** | **Likelihood** | **Description** |
| Catastrophic | May cause death, orpermanent disability, and/or permanent ill health | Very likely | Expected to occur in mostcircumstances |
| Major | Severe injury or illness | Likely | Will probably occur in mostcircumstances |
| Minor | Minor (usually reversible) injuryor illness resulting in days off work | Possible | Might occur occasionally |
| First Aid | First aid level medicaltreatment | Unlikely | Could happen at some time |
| Negligible | No treatment required | Highlyunlikely | May happen only in exceptionalcircumstances |

# Risk Matrix

|  |  |
| --- | --- |
| **Consequence** | **Likelihood** |
| **Very likely** | **Likely** | **Possible** | **Unlikely** | **Highly****unlikely** |
| **Catastrophic** | Extreme | High | High | High | Medium |
| **Major injury** | High | High | High | Medium | Medium |
| **Minor injury** | High | Medium | Medium | Medium | Medium |
| **First aid** | Medium | Medium | Medium | Low | Low |
| **Negligible** | Medium | Medium | Low | Low | Low |

|  |
| --- |
| **Prioritising Hazards** |
| **Risk Level** | **Priority** | **Action** |
| **Extreme** | 1 | \* Cease task/activity immediately;* Implement short term safety controls to make the situation safe;
* Notify supervisor/manager and assess activity; and
* Do not proceed with task/activity until corrective action has been implemented, and reviewed and approved by the relevant Vice-President and Executive Dean of College or Portfolio Head.
 |
| **High** | 2 | * Implement short term safety controls to make the situation safe;
* Notify supervisor/manager and assess activity; and
* Do not proceed with task/activity until corrective action has been implemented, and reviewed and approved by the relevant Vice-President and Executive Dean of College or Portfolio Head.
 |
| **Medium** | 3 | * Implement short term safety controls.
* Notify supervisor/manager and assess activity.
* Implement control measures.
 |
| **Low** | 4 | * Notify supervisor/manager and assess activity.
* Implement control measures.
 |

|  |
| --- |
| **Control Hierarchy** |
| *Elimination* | *Remove hazard* |
| *Substitution* | *Use a less hazardous alternative* |
| *Isolation* | *Eg Restrict access, use in a closed container, fume cabinet* |
| *Engineering* | *Eg Trolleys to move loads, guards on machinery, fume cupboard* |
| *Administration* | *Eg Training, Safe Work Procedure, signage* |
| *PPE - Personal Protective Equipment* | *Eg Gloves, respirator, safety glasses* |

See [WHS Risk Management Procedure](https://www.flinders.edu.au/content/dam/documents/staff/policies/health-safety/whs-risk-management-procedures.pdf) for further details