

Risk Assessment Template

Date:	<i>Today's Date</i>
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Assessors Name:	<i>Name of Person Responsible</i>	Reference Number:	<i>For your info</i>	Review Date:	<i>Next review date</i>
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Description of Assessment	<i>What is the assessment for</i>
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Location Details	<i>Venue Details</i>
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Who may be affected	<ul style="list-style-type: none"> • <i>Organising Committee</i> • <i>Staff –Members of Staff</i> • <i>Venue Manager – Representative from the Venue in charge of Event</i> • <i>Venue Staff – Members of Staff working within the venue</i> • <i>Competitors – Skaters who will skate at the Event – these may be BIS members or ISU federation members depending on the event/category</i> • <i>Officials – Officials who will officiate at the Event – these may be BIS members or ISU federation members depending on the event/category</i> • <i>Volunteers – these may be BIS members or not – at the venue to assist the event receiving no payment</i> • <i>External Vendors/Contractors – Those providing goods or services at the event. May or may not have a merchandise stand. Are not employed by BIS or the Venue but may be contracted</i> • <i>Spectators – Spectators of the event – these may be parents/guardians of skaters or members of the public</i> • <i>All – inclusive of all detailed above</i>
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You may wish to use this for event specific items only and attach the rink risk assessment for items such as access and egress.

Identified Hazards	Who may be affected	Risk Level before control measures S x L = R				Existing control measures	Additional Control measures required	To be actioned by	Completion date	Final Risk level S x L = R			
		S	L	R	RR					S	L	R	RR
						•	•						
						•	•						
						•	•						
						•	•						

SEVERITY	4	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8
	1	1	2	3	4
	1	2	3	4	
	LIKELIHOOD				

SEVERITY		
4	Fatality	Fatal injury, Event failure or Resource Failure
3	Major Injury	Reportable under RIDDOR, Event Severely Impacted or Resources Severely Damaged
2	Minor Injury	First aid administered, Event Impacted or Resources Damaged
1	Negligible	No or trivial injuries

I CAN CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE DOCUMENT

SIGNED:
COMPANY:

PRINT NAME:
DATE:

1-4	6-8	9-12	16
Low	Medium	High	Very High
Risk as low as reasonably practicable	Action/s required	Immediate action/s required	Immediate action/s required

LIKELIHOOD		
4	Almost Certain	Expected to occur
3	Very Likely	Will probably occur in time
2	Likely	Could occur in time
1	Unlikely	Possible but not expected