****

**Risk Assessment Pro Forma Community Halls 2024**

It is a requirement that a risk assessment is completed by each individual hall booking. Once you have completed the risk assessment, please return it to enquiries@brentwood.gov.uk

Please note that hirers are responsible for all their own equipment.

**Guidance notes**

When completing the Risk Assessment please identify any potential risks that you are aware of relating to your activity.

* Identify the general area of concern – e.g. trip hazard, falling
* Identify the particular Hazard– potential harmful ingredients such as nuts in the food.
* What are putting in place to minimise that hazard – e.g. labelling of all ingredients so that the public are aware
* Identify who would be at risk – i.e. the public, a contractor
* What is the worst outcome if this happens? e.g. injury, death
* What is the probability of this happening i.e. very likely, remote
* Do you consider this to be an acceptable risk at this time? – Yes or No
* If no what further actions will you be taking to further minimise this risk.

If you have any questions, please contact enquiries@brentwood.gov.uk 01277 312500

**Risk Assessment – Community Halls 2024 – please complete the below with as much details as possible.**

**Name of organisation/booking name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| Activity/Area of Concern | Hazard Identified | Existing Control Method | Person at risk | Worst Outcome | Probability | Acceptable risk at this time | Action Required |
| --- | --- | --- | --- | --- | --- | --- | --- |
| i.e Trip Hazards | Trailing cables | Cable protectors or tape to secure down cables | All (public and staff) | Major Injury | Possible  | Yes | Ensure regularly checked throughout booking |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Name of Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_