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| **Form 3. EVENTS: Risk Assessment and Hazard Control Plan** | | | | |  |
| **Event Name** |  | | | | |
| **Location** |  | | | | |
| **Description of Event** |  | | | | |
| **Target Audience** |  | | | | |
| **Crowd numbers** | Spectators |  | **Participants** |  | |
| **Event start date** |  | | **End date** | T | |
| **Event start time** |  | | **Event end time** |  | |
| **Pack-in date** |  | | **Time in** |  | |
| **Pack-out date** |  | | **Time out** |  | |
| **Name of Event Organiser** |  | | **Contact Number During event** |  | |
| **Alternative contact person** |  | | **Contact Number During event** |  | |
| **Event Safety Person** |  | | **Contact Number During event** |  | |
| **Massey events team and roles ( Are they trained for the role)** | | | | | |
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| **Client roles** | | | | | |
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| **Contractors Names and Roles ( Have they submitted H & S plans?) Massey must cooperate, coordinate and consult on health and safety.** | | | | | |
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| **Volunteers number and specific roles ( Are they trained for the role?)** | | | | | |
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| **Communication procedure on the day** | | | | | |
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| **Emergency Procedures: Serious accident, bomb threat, fire, earthquake, hazardous substance, act of violence, protest action.** | | | | | |
| **For a medical or other emergency dial 111**  Consider emergencies that may go wrong and ensure you have a plan in place. Brief staff on what alternative plans maybe.  Ensure staff have Event Managers contact number  Know facility evacuation plan and assembly areas  **Treatment:**  A First Aid kit/Room/Station is available where:  Defibrillator Available where:  List names of First aiders:  **Accident, Injury Reporting and Treatment**   1. All accidents involving injury on the event site during the set up and breakdown periods are to be reported to the Event Manager 2. The nature of the accident will be investigated and any necessary preventative action identified and taken 3. All accidents will be recorded in the site Accident Register held by the Events organizer and reported on MYHR. Notifiable events to WorkSafe NZ on 0800 030 040 4. During the period of public access at the event, accident reporting and treatment will be undertaken by the on-site Event Health and Safety Person . | | | | | |

**Attached (as applicable)**

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|  | Site plan | |  | Traffic management plan |
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|  | Security plan | |  | Waste management plan |
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|  | Other –specify: |  | | |

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| **Participant Hazards** eg. age, experience, fitness, children, accessibility, number crowds, security | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
| *eg.Temporary marked paths on rough ground* | *falling on uneven surfaces* | | | *Clearly marked track, volunteers stationed* | | *H* | *some sections need ramps, extra lighting* | |  |
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| **High Risk Hazards** e.g. work at heights, flying operations, pyrotechnics etc, confined spaces, hazardous substances, moving set pieces | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Workers Hazards** : staff, contractors, volunteers | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
| *Long hours* | *Fatigue* | | | *Catering and refreshments will be available. Provide area to sit and rest ensure breaks* | | *m* | *Max of 12 hour shifts* | |  |
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| **Electrical Sound and Lighting**; certified, working at heights. | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Staging and Structures:** dimensions**,** buildingconsents, ground stability, scaffolding, working at heights. | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Pack In/ Pack down :** moving vehicles, manual handling, shared workspaces, | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Traffic Management/Parking:**, speed, road legal, floats, access to site, route, marshals, pedestrians, emergency vehicles | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Crowd Control/Security**  fencing, barricades, alcohol, drugs, property protection | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Environmental:** exposure to weather e.g. UV, heat, cold, level of light, wind, noise, strobe lighting | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Site Specific hazards** e.g. any hazards identified by venue that may impact on event/activities | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Stallholders/Vendors Hazards** e.g. food/health safety | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Site Specific hazards** e.g. any hazards identified by venue that may impact on event/activities | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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| **Other Hazards:** e.g. drones, helicopters, waste management | | | | | | | | | |
| **What are the Hazards?**  (what could potentially harm people) | **How people may be harmed** | | | **Risk controls already in place**  (How effective are these controls? ) | | **Risk Rating**  L,M.H,E | **Further controls required ?**  (Needed to reduce residual Risk eliminate or minimise**)** | | **Action by:**  (Date and person) |
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