

Event Risk Assessment Form

Event _____ Date _____ Organiser _____

Venue _____ Sheet Number _____ Of _____

Hazards Identified	Persons at Risk	Risk – High, Medium or Low	Measure to control Risk	Person to Action	Date completed

Name of Assessor _____

Signature _____ Date _____

Return form to: Technical Services, Swale Borough Council, Swale House, East Street, Sittingbourne, Kent ME10 3HT. Telephone (01795) 417343.