

**OFF Campus Societies Risk Assessment**

A risk assessment must be submitted for your event to go ahead

Please email a completed copy to healthandsafety@uccsocieties.ie

| **Name of Event** |  |
| --- | --- |
| **Purpose of Event** |  |
| **Society Organising** |  |
| **Date** |  |
| **Start Time** |  |
| **End Time** |  |
| **Attendance** |  |
| **Contact Details of your Event’s Main Organizer** | **Name:** **Phone Number:****Email Address:** |

| **PART A – TASK / ACTIVITY / EVENT DETAILS** |
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| LOCATION AND AIRCODE OF EVENT: |
| DETAILED DESCRIPTION OF EVENT FROM START TO FINISH – RUNNING ORDER / TIMES ETC: |
| DOES YOUR EVENT REQUIRE TO CAP THE NUMBER OF ATTENDEES PRESENT? IF SO, WHAT IS THE MAXIMUM NUMBER OF ATTENDEES ALLOWED AT YOUR EVENT? HOW WILL YOU MONITOR & LIMIT ATTENDANCE: |
| METHOD OF FUNDRAISING (IF APPLICABLE): |
| OTHER SOCIETIES/CLUBS ATTENDING: |
| IF THE EVENT IS BEING RUN BY ANOTHER PARTY/COMPANY, DETAIL HERE: |
| DETAILED TRAVEL ARRANGEMENTS (IF APPLICABLE): |

| **PART B – EVENT ORGANISERS** |
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| ROLE | NAME | CONTACT DETAILS | ROLE |
| EVENT MANAGER / COORDINATOR |  |  |  |
| EVENT SAFETY COORDINATOR (PERSON RESPONSIBLE FOR SAFETY) |  |  |  |
| OTHER COMMITTEE MEMBERS / ORGANISERS |  |  |  |
| OTHER COMMITTEE MEMBERS / ORGANISERS |  |  |  |
| OTHER COMMITTEE MEMBERS / ORGANISERS |  |  |  |
| **PART C – PERSONNEL INVOLVED** |
| NAME | ROLE |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
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| **PART D – OTHER CONSIDERATIONS** |
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| WASTE MANAGEMENT (EXTRA BINS NEEDED / WASTE DISPOSAL METHOD) |
| CONTINGENCY PLAN IN EVENT OF WEATHER / OTHER UNFORESEEN  |
| SEGREGATION OF ACTIVITY – PROVIDE DETAILS OF BARRIERS / STEWARDS (IF APPLICABLE) |
| TRAFFIC MANAGEMENT PLAN (IF APPLICABLE) |
| IS ANYTHING BEING CONSTRUCTED / TEMPORARY STANDS / TENTS ETC? PLEASE SPECIFY |

| **PART E – EMERGENCY PROCEDURES & WELFARE REQUIREMENTS** |
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| FIRST-AID FACILITIES |
| NAME OF FIRST AIDER(S) | PHONE |
| FIRST-AID BOX LOCATION |
| WELFARE ARRANGEMENTS (BATHROOMS / SHOWERS / FOOD / HOT WATER IF APPLICABLE) |
| EMERGENCY PLAN / PROCEDURE AT LOCATION (INCLUDE ASSEMBLY POINT LOCATION, METHOD FOR ACCOUNTING FOR ALL PERSONNEL) |

| **PART F – RISK MATRIX** |
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| Once the risks are identified and the existing controls are input, the risk needs to be assessed using the UCC Student Activity risk matrix:**Likelihood** This is a measure of how likely the risk described is to occur. When people are working safely there is less chance that an accident will occur.

| **RATING** | **SCORE** | **LIKELIHOOD** |
| --- | --- | --- |
| Almost Certain | 5 | Expected to occur or a common occurrence |
| Likely | 4 | Will probably occur in most circumstances |
| Possible | 3 | Might occur at some point |
| Unlikely | 2 | Small chance of occurring at some point |
| Rare | 1 | Only in exceptional circumstances |

Likelihood will be influenced by the number of people on trip, and the steps already in place to prevent occurrence.**Impact**Impact is a measure of how serious an injury or health effect could be, as a consequence of unsafe working or of an accident.

| **RATING** | **SCORE** | **Consequence** |
| --- | --- | --- |
| Severe | 5 | Fatality or multiple fatalities |
| Major | 4 | Major Injury, resulting in disability |
| Moderate | 3 | Injury Requires, Doctor's or Hospital attendance |
| Minor | 2 | Minor Injury, First Aid required |
| Insignificant | 1 | Minor Injury, First Aid not required |

The severity can be influenced by the following: the environment, the number of people at risk, and the steps already taken to control the hazard**Risk Profile**When the impact and likelihood are determined – the matrix below can be used to determine the risk profile. The likelihood figure multiplied by the impact figure results in the risk profile.E.g., It is unlikely (2) that a major (4) event may occur = 2x4 = 8Results in a medium risk profile. |



## **Further Actions**

Once the risk profile is determined the table below can be used to define how the risks identified and assessed are to be managed going forward.

| **Level of Risk** | **Level of Concern** | **Management** | **Other Actions Required** |
| --- | --- | --- | --- |
| **RED: High** | An AMBER- high risk is unacceptable. | Societies / Sport Office & Health and Safety Officer for Student Activity consideration is required and a detailed mitigation plan must be developed and reviewedActivity cannot proceed until risk is reduced. | Report to the Societies / Sport / relevant Office & Health and Safety Officer for Student Activity |
| **YELLOW: Medium** | A YELLOW- medium risk is tolerable if additional actions / mitigation is put in place prior to commencement of event. | A mitigation / action plan must be developed, implemented, and monitored locally.Existing controls, consequences and likelihood do not substantially change. | Organising Committee to ensure mitigation / actions are developed and put in place prior to event |
| **GREEN: Low** | GREEN-low risks are tolerable.Manage by well established, routine processes and procedures and be mindful of changes to the nature of the risks | Review every 6 months or as and when a change occurs. | Monitor and reduce risk further if possible |

| **PART G (1) – RISK ASSESSMENT. NAME THE RISKS AND CONTROLS** |
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| **Activity / area covered****(e.g., weekly meetings)** |  | **Persons at risk****(Society members / staff / members of the public, etc.)** |  |
| **Hazard No** | **Hazard** | **Risk / consequence** | **Current Controls** |
|  | (Anything with the potential to causeinjury or ill health) | (How someone will be harmed by the hazard) | (Measures in place to remove the hazards, or reduce the risk of them causing harm to as low alevel as possible) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |   |

| **PART G (2) – RISK ASSESSMENT CONTD.** |
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|  |  | **Location of Event** |  |
| **Hazard No** | **Assessment of Risk** | **Further Actions Required** |
| (Additional controls needed to reduce risk to as low as possible) |
| **Impact** | **Likelihood** | **Risk Rating (Impact x Likelihood)** | **Detail date to be completed by and person responsible** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

| **EMERGENCY NUMBERS** |
| --- |
| **UCC** |
| MAIN CAMPUS | 021 490 {3111} |
| LEE MALTINGS | 021 490 {4311} |
| BROOKFIELD | 021 490 {1501} |
| **GARDA STATIONS NEAR UCC** |
| ANGLESEA STREET HQ (24 HOURS) | 021 431 3031 |
| BARRACK STREET | 021 431 6020 |
| BRIDEWELL | 021 427 0681 |
| BISHOPSTOWN | 021 454 1012 |
| **EXTERNAL MEDICAL** |
| CUH – CORK UNIVERSITY HOSPITAL | 021 454 6400 |
| EXTERNAL EMERGENCY SERVICES: | 999/112 |

| **PART H – COMMUNICATION AND DECLARATION** |
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| **DECLARATION**ALL ACTIVITY WILL BE UNDERTAKEN IN FULL ACCORDANCE WITH SAFETY PROCEDURES SPECIFIED IN THE RELEVANT HEALTH AND SAFETY POLICIES, RELEVANT SAFETY STATEMENT AND THE SPECIFIC RISK ASSESSMENT DETAILED ABOVE. ANY INCIDENTS / NEAR MISSES MUST BE REPORTED TO THE SOCIETIES OFFICE. |
| PREPARED BY |
| NAME | ROLE | DATE |