  

**Student Activity Off Campus**

**Event Plan & Risk Assessment**

**PRINT AND DISPLAY AT EVENT**

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| Name of Task / activity / Event |  |
| Society / Club / Group |  |
| Date |  |
| Start Time |  |
| End Time |  |
| Safety Contact Name at location |  |
| Safety Contact Number |  |

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| **Part A – Task / activity / Event Details** |
| Name of Activity | specific location |
| ADDRESS AND EIRCODE OF LOCATION |
| DETAILED Description of EVENT FROM Start to finish – Running order / times etc: |
| Purpose of the event: |
| METHOD OF FUNDRAISING (IF APPLICABLE): |
| Expected number of attendees: |
| Other Clubs/Societies attending: |
| If event is being run by another party / company, detail here: |
| DETAIL TRANSPORT TO BE USED / number & Type of vehicles / company used (IF Applicable) |

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| **Part B – Event Organisers** |
| Role | Name | Contact Details |
| 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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| **Part D – OTHER** |
| Waste Management (Extra bins needed / waste disposal method) |
| contingency plan in event of weather / other unforseen  |
| 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** |
| 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) |
| **Emergency Numbers**

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| **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 |

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| Address and phone number of nearest Emergency department to location: |

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| **Part F – RISK MATRIX** |
| 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.

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| **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 circumstance |

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

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| **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 hazardRisk ProfileWhen 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.

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| Further ActionsOnce 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.

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| **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 |

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| **Part G – Risk Assessment** |
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| **Activity / area covered** **(e.g. weekly meetings)** |  | **Persons at risk****(society members / staff / members of the public, etc)** |  | **Location of Event** |  |
| **Hazard**(Anything with the potential to cause injury or ill health) | **Risk / consequence**(How someone will be harmed by the hazard) | **Current Controls**(measures in place to remove the hazards, or reduce the risk of them causing harm to as low a level as possible) | **Assessment of Risk** | **Further Actions Required** (additional controls needed to reduce risk to as low as possible)* **Detail date to be completed by and person responsible**
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| **Impact** | **Likelihood** | **Risk Rating (Impact x Likelihood)** |
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| **Part H – COMMUNICATION AND DECLARATION** |

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| **COMMUNICATION**HAVE YOU INFORMED:BUILDINGS & ESTATES OFFICE (MANDATORY, IF MORE THAN ONE BUS LEAVING CAMPUS) [ ] , H&S OFFICER (MANDATORY) [x] , SPORTS OFFICE (IF APPLICABLE) [ ] , SOCIETIES OFFICE (IF APPLICABLE) [x]  |
| **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 will be reported to the health and safety officer for student activity and the relevant office. |
| PREPARED BY |
| NAME  | ROLE | DATE |