  

**Student Activity on Campus**

**Event Plan & Risk Assessment**

**PLEASE 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: |
| AREA ON CAMPUS TO BE USED (Move red circle to relevant area) |
| 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: |

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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) |
| POWER ACCESS REQUIRED (OTHER THAN DOMESTIC PLUG) |
| EXTRA SECURITY REQUIREMENT? (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 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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| **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) [ ] , H&S OFFICER (MANDATORY) [ ] , SPORTS OFFICE (IF APPLICABLE) [ ] , SOCIETIES OFFICE (IF APPLICABLE) [ ]  |
| **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 |