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| **Events Booking and Risk Assessment Form** | | | | | | | | | | | | | | | | | |
| **All campus events or organised gatherings must have prior approval by the relevant Head of Department**  **All student union events to be held on campus must be approved by the Planning and Operational Excellence Manager** | | | | | | | | | | | | | | | | | |
| **This form must be completed and signed to guarantee your booking for any event or gathering on campus** | | | | | | | | | | | | | | | | | |
| **Section 1** | | | | **Event Details** | | | | | | | | | | | | | |
| **Give an overview of the event** | | | |  | | | | | | | | | | | | | |
| **Expected numbers to attend** | | | |  | | | | | **Date of the Event** | | | | | |  | | |
| **Section 2** | | | | **Event Approval** | | | | | | | | | | | | | |
| **Name of Event Organizer** | | | |  | | | | **Signature** | |  | | | | | **Date** |  | |
| **Academic in Charge (Student Projects etc)** | | | |  | | | | **Signature** | |  | | | | | **Date** |  | |
| **Head of Department approval** | | | |  | | | | **Signature** | |  | | | | | **Date** |  | |
| **POEM approval (SU events)** | | | |  | | | | **Signature** | |  | | | | | **Date** |  | |
| **Section 3** | | | | **Facility Booking (Tick the facility your require)** | | | | | | | | | | | | | |
| **1.Main Concourse** | |  | **2.Reception area** | | | |  | **3.School of Business Concourse** | | | | |  | **4.O’Hehirs Canteen** | | |  |
| **5. Aurvio** | |  | **6.Class Room or Lecture Hall** | | | |  | **7. Hume Hall** | | | | |  | | | | |
| **8.Outdoor Area** | |  | **Specify** | | | | | | | | | | | | | | |
| **IMPORTANT To book your space please return the completed (and signed) form to one of the following** | | | | | | | | | | | | | | | | | |
| **1 & 2** | [**fleming.stephen@itsligo.ie**](mailto:fleming.stephen@itsligo.ie) | | | | **3** | [**harrison.amanda@itsligo.ie**](mailto:harrison.amanda@itsligo.ie) | | | | | **4** | [**itsligomanager@ohehirs.ie**](mailto:itsligomanager@ohehirs.ie) | | | | | |
| **5 - 7** | [**branley.aisling@itsligo.ie**](mailto:branley.aisling@itsligo.ie) | | | | **8** | [**flavin.declan@itsligo.ie**](mailto:flavin.declan@itsligo.ie) | | | | | | | | | | | |
| **COMPLETION OF THIS FORM DOES NOT CONFIRM ACCEPTANCE OF A BOOKING. BOOKINGS WILL BE CONFIRMED (OR OTHER WISE) IN WRITING OR BY EMAIL** | | | | | | | | | | | | | | | | | |
| **IF YOU ARE USING THIRD PARTY CONTRACTORS FOR YOUR EVENT YOU MUST ENSURE THEY PROVIDE THE REVLEVENT INSURANCE AND HEALTH AND SAFETY DOCUMENTATION** | | | | | | | | | | | | | | | | | |

**Event Health and Safety Risk Assessment**

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| **Risk Assessment is the identification of foreseeable hazards, evaluating the risks associated with them and considering what needs to be done to reduce the risk to an acceptable level. You should write down all the activities and attractions, which make up the event and identify ways in which people could be harmed. This needs to include activities in the set up and clean up after the event.** |

| **Below is a list of the Potential Hazards that maybe Present for Your Event. Please review them and the suggested control measures and rate the Risk with Control Measures in place (Delete those hazards that don’t apply and add additional Hazards not identified)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | **People at Risk from the Hazard** | **Suggested Control Measures (*Delete those that don’t apply)*** | | | **With Controls in place**  **Rate the Risk**  **Low, Medium or High** |
| **Covid 19**  *Contraction and spread of Covid 19* | ATU Staff, Students, third parties | * All events will be organised in line with current public health advice [gov.ie - Public health measures in place right now (www.gov.ie)](https://www.gov.ie/en/press-release/7894b-post-cabinet-statement-resilience-and-recovery-the-path-ahead/) * All public health infection prevention controls will be implemented for the event * Please include specific controls | | |  |
| Please specify controls: | | |
| **Slips, trips and falls**  *Uneven surfaces, temporary ramps, wet floors/surfaces, trailing cables* | ATU Staff, Students, third parties | * All cables etc to taped down to avoid creating trip hazards * Layout of stands should be reviewed so as not to block exits or block areas of high foot fall * Exhibitors to take due care when setting up stands, displays etc | | |  |
| Please Specify Controls: | | |
| **Fire / Emergency**  *Outbreak of fire, sounding of alarm, evacuation,* | ATU Staff, Students, third parties | * Set up of events so as not to obstruct any emergency routes or equipment * Exhibitors to be made aware of evacuation routes and their assembly point in the event of an evacuation by their IT Sligo contact * Adequate fire detection and firefighting equipment will be available for the event | | |  |
| Please specify controls: | | |
| **Medical Emergency**  *Minor injuries, major injuries, crushing incidents, involvement of the emergency services* | ATU Staff, Students, third parties | If the event takes place during normal campus hours then   * All minor injuries should be referred to local First Aiders. * Call 333 or 071 9155333 to get a First Aider * In the event of a major incident then the emergency services should be called and the exact location in the college should be given to them so a speedy service can be provided. Ensure security are notified of the emergency services so they can assist in directing them to the correct location.   Important: If the evet takes place outside normal campus hours then the organizer will need to make their own arrangements for First aid cover | | |  |
| Please specify controls: | | |
| **Manual Handling**  *Lifting/moving equipment or heavy loads* | ATU Staff, Students, third parties | * Estates to set up tables on main concourse * Exhibitors need to take due care with manual handling tasks | | |  |
| Please specify controls: | | |
| **Physical Hazards**  Weather/ Environmental surroundings / Noise |  | * Will extremes of weather impact on the event * Noise generation acceptable in the area at the time of the event * Are there any noise levels from equipment etc. being generated | | |  |
| Please specify controls: | | |
| **Access/ Egress**  Pedestrian routes/ Vehicle interaction / Public entrance |  | * Entrance and exits to allow for easy access for all users * Clearly defined pedestrian routes * Speed limits observed | | |  |
| Please specify controls: | | |
| **Housekeeping**  Waste management / Cleaning |  | * All waste generated must be managed and disposed of correctly * Housekeeping must be maintained in the area | | |  |
| Please specify controls: | | |
| **Any Other Hazards** |  |  | | |  |
| Please specify Controls: | | |
| **Signature of Event Organiser (s)** | | |  | **Date** |  |