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| **Events Booking and Risk Assessment Form** | | | | | | | | | | | | | |
| 1. All campus events or organised gatherings must have prior approval by the relevant Head of Department 2. All student union events to be held on campus must be approved by the Planning and Operational Excellence Manager 3. This form must be completed and signed to guarantee your booking for any event or gathering on campus | | | | | | | | | | | | | |
| **Part 1 Event Details** | | | | | | | | | |  | | | |
| **Give an overview of the event** | |  | | | | | | | | | | | |
| **Expected numbers to attend** | |  | | | | **Date of the Event** |  | | | **Time of the Event** | | |  |
| **Section 3 Facility Booking (Tick the facility you require)** | | | | | | | | | |  | | | |
| **1.Main Concourse** | | | | **2.Reception area** | | | | **3.School of Business Concourse** | | | | **4.O’Hehirs Canteen** | |
| **5. Main Auditorium** | | | | **6.Classroom or Lecture Hall** | | | | **7. Hume Hall** | | | |  | |
| **IMPORTANT To book your space please return the completed (and signed) form to one of the following** | | | | | | | | | | | | | |
| **1 & 2** | **Main Concourse & Reception Area**  [**Bridget.Dolan@atu.ie**](mailto:Bridget.Dolan@atu.ie) | | **3** | | **School of Business Main Concourse & meeting Rooms**  [**aileen.brennan@atu.ie**](mailto:aileen.brennan@atu.ie)  [**Ailise.McDowell@atu.ie**](mailto:Ailise.McDowell@atu.ie) | | **4** | | O’Hehirs Canteen [**atusligo@ohehirs.ie**](mailto:atusligo@ohehirs.ie) | | **5 - 7** | | **Timetabling**  [**timetabling.sligo@atu.ie**](mailto:timetabling.sligo@atu.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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| 1. **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.** 2. **Below is a list of the Potential Hazards that could be 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 do not apply and add additional Hazards not identified)** |

| **Part 2: Hazard I.D & Risk Assessment** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please adjust, ensuring risk assessment is specific** | | | | | | | |
| **Hazard** | **Hazard Potential & Consequences** | **People at Risk from the Hazard** | **Initial Risk Rating**  **H, M, L** | **Is the CM in Place** | **Control Measures (CM)**  **(Input Control measure that are in place d/or should be in place to reduce the residual risk rating to the lowest possible level Suggested Control Measures (*Delete those that do not apply)*** | **Residual Risk Rating**  **H, M, L** | **Responsible Person** |
| **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) * All public health infection prevention controls will be implemented for the event * Please include specific controls |  |  |
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| **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. |  |  |
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|  | 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 ATU Sligo contact * Adequate fire detection and firefighting equipment will be available for the event |  |  |
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|  | 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 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 organiser 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. |  |  |
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|  |  | 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 | **.** |  |
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|  | 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 |  |  |
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|  | Please specify controls: |
| **Housekeeping**  Waste management / Cleaning |  |  |  |  | * All waste generated must be managed and disposed of correctly * Housekeeping must be maintained in the area |  |  |
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|  | Please specify controls: |
|  | Please specify Controls:  . |  |

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| **Part 3 Corrective Action Required** | | | |
| **Action Required** | **Person Responsible**  ***(Print Name)*** | **Date closed out** | **Responsible Person’s Signature** |
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| **Part 4 Risk Assessment Approval on Completion** | | | | | |
| **Event Organizer** | (Print Name) | **Signature** |  | **Date** |  |
| **Academic in Charge (Student Projects etc)** | (Print Name) | **Signature** |  |  |  |
| **Head of Department Sign off** | (Print Name) | **Signature** |  | **Date** |  |
| **Head of Function or School Sign Off** | (Print Name) | **Signature** |  | **Date** |  |
| **Student Union & Clubs & Socs approver** | (Print Name) | **Signature** |  |  |  |