

# Standard Operating Procedures



Issue 1, 11/11/2015. TRIM # 1691496

## Event Safety Management Plan

The objective of an event safety management plan is to create and document a plan to control the safety risks i.e. to *keep event staff, volunteers, public and property safe.*

Whilst the health and safety team will review this form and provide some guidance, the responsibility for safety at the event lies with the event organiser(s). **This form is to be completed by the event organiser and submitted to MPDC.**

<b>Event:</b>				
<b>Site:</b>			<b>Date:</b>	
<b>Hazard:</b> How could someone get hurt or property damaged?	<b>Risk Level*:</b>			<b>Risk Control Measures:</b> What will be done to reduce the risk level?
<i>Example: traffic – vehicle collision or pedestrian struck by vehicle</i>	High	Med.	Low	<i>Designated parking area, parking wardens, site set up before entry to reduce traffic during event.</i>

\*See over page for risk assessment guidelines

Other comments:	
Event staff/volunteers will need to be informed of how safety will be managed at this event: When will this be done? Who will do this?	
This safety management plan was completed by: Name:	
Date:	Signature:

**\*Assessing Risk:**

Risk is the likelihood of the hazard causing harm. When assessing risk you need to take into account both the **severity** of the harm that could happen (i.e. how bad could the injury be?) and the **likelihood** of that harm happening (i.e. how likely is it that someone will get hurt by that hazard?). You are documenting the risk of harm *without* any controls in place. Then you will need to consider what controls you will have in place to reduce the risk. Controls could include (for example) Traffic Management, security guards, marshals, training, personal protective equipment, first aid/ambulance. If the risk level is high then you would need to ensure that you have sufficient controls in place to make the event safe for all those attending (including volunteers/staff).

Office use only:	
Form reviewed by (MPDC health and safety team): Name:	
Date:	Signature:
Comments:	