## **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 Health and Safety Team.

1. Event details: Name of Event:				Site:				Date:		
							CONSEQUENCE			
Risk is the likelihood of the hazard causing harm. Use the matrix to		R	Risk Matrix:		4. Very High: Lost time injury or illness	3. High: Restricted duties injury	2. Moderate: Medical treatment	1. Low: First aid injury		
		Q	A. Certain	Extreme	Extreme	Very High	High	Moderate		
assess risk, taking into account both the <b>consequence</b> of the harm			B. Almost Certain	Extreme	Very High	Very High	High	Moderate		
that could happen (i.e. how bad could the injury be?) and the <b>likelihood</b> of that harm happening (i.e. how likely is it that someone will get hurt by that hazard?).		ыкепноор	C. Likely	Very High	Very High	High	Moderate	Low		
			D. Unlikely	High	High	Moderate	Moderate	Low		
will get Hait by that hazara: 7.				E. Highly Unlikely	Moderate	Moderate	Low	Low	Low	
Hazard How could someone get hurt or property damaged?	Raw Risk (without safety controls)	Controls  What will be done to reduce the risk level?  risk (with safety						Residual risk (with safety controls)		
Example: Street party: traffic – vehicle collision or pedestrian struck by vehicle	C5	Road closu	ad closure, signage, approved traffic management plan, STMS E5							

Continued Hazard	Raw Risk	Controls	Residual risk
Other comments:			<u>'</u>
Cirier comments.			
Who will brief staff/volunteers/contra	ctors about how safety will be	managed at this event?	
When will this be done?			
When will this be done:			
This safety management plan was o	ompleted by (Name):		
Date:	Signature:		
<del></del>	·		
H&S Office use only:			
Form reviewed by (MPDC health an	d safety team): Name:		
<u>-</u>			
	Signature:		
Date:			
Date: Comments:			