

Risk Assessment - Event Medical Cover

The event organiser needs to complete sections A – C



Section A - Customer Contact Details

Company \ Organisation:

Contact Name:

Address:

Telephone:

Mobile:

Fax:

E-Mail Address:

Section B - Event Details

Address / Location:

Type of Event:

Date(s)

Time Required On Site:

Start:

Finish:

Insurance provided:

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Point of Contact:

Name:

Location on site:

Mobile No:

Requirements for Medical Professionals (Please confirm availability)

	Yes	No		Yes	No
Toilet Facilities:	<input type="checkbox"/>	<input type="checkbox"/>	Parking Available:	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Exit(s):	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Room:	<input type="checkbox"/>	<input type="checkbox"/>
Food / Water included:	<input type="checkbox"/>	<input type="checkbox"/>	Site Radio(s):	<input type="checkbox"/>	<input type="checkbox"/>

Other organisations involved:
(e.g. NHS Ambulance service, Volunteer Ambulance)

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Section C - Event Risk Analysis

1) **Nature of the Event** (please tick)

Musical	<input type="checkbox"/>	Water Sports	<input type="checkbox"/>	Firework Display	<input type="checkbox"/>	Seminar	<input type="checkbox"/>
Public Exhibition	<input type="checkbox"/>	Motorcycle Display	<input type="checkbox"/>	Corporate Activities	<input type="checkbox"/>	Music Festivals	<input type="checkbox"/>
Pop/Rock Concert	<input type="checkbox"/>	Aviation	<input type="checkbox"/>	Horse Events	<input type="checkbox"/>	Other Sports	<input type="checkbox"/>
Dance Event	<input type="checkbox"/>	Motor Sport	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>	Country Show	<input type="checkbox"/>

2) **Venue** (please tick)

Indoor	<input type="checkbox"/>	Other Outdoor (festival)	<input type="checkbox"/>
Stadium	<input type="checkbox"/>	Public Location (streets)	<input type="checkbox"/>
Outdoor (confined location)	<input type="checkbox"/>	Temporary Outdoor Structure	<input type="checkbox"/>

Does your event involve overnight camping: Yes No

3) **Standing / Seated** (please tick most appropriate)

Standing Seated Mixed

4) **Audience Profile** (please tick)

Full Mix Family Groups	<input type="checkbox"/>	Predominately Young Adults	<input type="checkbox"/>	Predominately Elderly	<input type="checkbox"/>
Full Mix NOT Family Groups	<input type="checkbox"/>	Predominately children / teenagers	<input type="checkbox"/>	Full Mix / Rival Factions	<input type="checkbox"/>

5) **Past History** (please tick)

Low casualty rate (<1%)	<input type="checkbox"/>	High casualty rate (>2%)	<input type="checkbox"/>
Med casualty rate (1-2%)	<input type="checkbox"/>	First event / no data	<input type="checkbox"/>

6) **Expected Numbers** (please state maximum peak attendance)

7) **Expected Queuing** (please state estimated time in hours)

8) **Additional Hazards** (please tick)

Carnival	<input type="checkbox"/>	Parachute Display	<input type="checkbox"/>
Helicopters	<input type="checkbox"/>	Street Theatre	<input type="checkbox"/>
Motor Sport	<input type="checkbox"/>	Other	<input type="checkbox"/>

9) **Other Onsite Medical Facilities** (please describe)

I declare that the information given above is to the best of my knowledge correct. Should any of the details change, I will inform First Line Response in writing immediately.

Name: Signature: Date: