****New Theatre Show Risk Assessment

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| Show Name: | Dates: |
| Director name: | contact email & Phone: |

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| Risk Assessment Key | | |
| Severity | Likelihood | Risk Rating |
| What is the potential level of injury to person(s) or damage to property caused by the hazard? | How likely is the hazard to happen | Risk Rating =  Severity x likelihood |
| 1. **Slight** *e.g. minor cuts and bruising, irritation, headaches, etc* 2. **Moderate** *e.g. deep cuts, burns, minor fractures, etc* 3. **Severe** *e.g. major fractures, poisonings, multiple & fatal injuries etc* | 1. Unlikely 2. Possible 3. Probable |

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| ⬜ 1. Risk Of Injury Due to Fall – Does the production involve working above ground level on ladders, tables, blocks, raised set or by lifting people etc? This includes during set up, rehearsals, performance and strike. | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 2. Falling Objects: Will any objects be suspended from above? How is the set constructed, can anything fall or collapse? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 3. Slipping or Tripping: Will any props, set, drapes, costume or other articles that could cause a slip or trip be used on stage? Will any persons be acting in a manner that could cause a slip or trip to themselves or other members of the company? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 4. Spillage: Will any liquids or foodstuffs be used? Will any liquids be near electrical equipment on or off stage? If liquid is spilled can it cause a risk of a slip? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 5. Fire: Will any open flames be used, eg smoking, candles, incense etc? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 6. Electrical Hazards: Will any electrical equipment be brought into the theatre? Could any electrical items on stage cause a fire or burn hazard? Items brought into the theatre MUST have a current PAT test and are not to be used if they don’t | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 7. Unstable Surfaces: Will any persons be standing on an object not specifically designed for that purpose? Will any objects or set be used that are not professionally built, or used in a manner that could cause them to be unstable? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 8. Impact: Is there any stage fighting or complex rapid movement where injury due to impact could occur, this could be in the form of dance, clowning, physical theatre or drama? Could any impact damage space or set as well as persons? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 9. Weapons: Will any form of weapon be used in rehearsal or performance, eg swords, knives, guns, clubs – including replica and toy versions? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 10. Pyrotechnics: Will any explosive devices be used, no matter how small? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 11. Unusual use of objects or equipment: Will any objects or performance space be used in an unusual or unconventional manner which could pose a risk? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 12. Impairment: Use of alcohol or drugs before or during performances is not permitted. Will any other devices be used that could impair a performer eg blindfolds/handcuffing? Are there any personal impairments eg disabilities or illnesses that may affect the performance? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| ⬜ 13. Anything Else: This list is not comprehensive. Are you planning any other activity that may pose a significant risk of injury to person or damage to property? | | | | | |
| Description of activity and associated risks | Who could be affected | Severity | Likelihood | Risk Rating | Control Measures/Action Plan |
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| declaration |
| We have identified the above hazards and have indicated our control measures. I confirm that this is an accurate and full representation of the show we are putting on and understand that it is my responsibility to ensure that control measures are implemented.  Directors Name………………………………………………………..Signed…………………………………………………..date…………………….. |
| **This form must be returned to the Student Activities and Health and Safety Manager in the Student Activities Office in the Portland Building or via email to** [**Julia.lediard@nottingham.ac.uk**](Julia.lediard@nottingham.ac.uk%20) |
| FOR OFFICE USE ONLY:  Further actions required:  This play may go ahead subject to the conditions listed above:  Student Activities and …………………………………………. …………………………….Date……………………………………………………  Health and Safety Manager |