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| --- | --- | --- | --- | --- |
| **Description of Activity** | Please ensure you complete this section providing as much detail as possible about your event/activity | | | |
| **Identify Hazards** | **Who is at harm?** | **How are they at harm?** | **Level of risk**  *(delete as applicable)* | **What controls are put in place to minimise the hazard?** |
| Slips, trips and falls | Service Users  Staff  Volunteers | Injuries such as bruising or fractures etc | High, medium, low | * Staff/Volunteers will check the space before the event * Staff/Volunteers will do safety announcements with the group * Staff/Volunteers know to call 0161 205 9105 in the case of an emergency * Caution will be taken on slippery ground |
| Fire | Service Users  Staff  Volunteers | Risk of injury, smoke inhalation, death | High, medium, low | * Staff/Volunteers will ensure fire safety procedures are adhered to at all times (room capacity, clear fire exits) * Staff/Volunteers will safely lead members to the nearest exit in the case of a fire * Staff/Volunteers will ensure any electrical equipment used is PAT tested. |
| Cash handling or fundraising | Service Users  Staff  Volunteers | Risk of cash being stolen, individuals being assaulted | High, medium, low | * Any cash will be kept in a secure, lockable tin * Staff will be responsible for collecting any cash * Money should be deposited via ICCM offices as soon as possible after the event. |
| Food Handling | Service Users  Staff  Volunteers | Allergic reaction, illness, death | High, medium, low | * Homemade food will not be brought/used at events * Any food purchased will be shop bought/prepared in a professional kitchen * Allergy advice will always be made available * Staff/Volunteers should ask members about dietary needs or allergies |
| Looking after members | Service Users  Staff  Volunteers | Assault (verbal/physical), bullying, mental health issues, loneliness | High, medium, low | * Volunteers to contact ICCM with any concerns * Volunteers to challenge inappropriate behaviour and report to ICCM |
| <please insert other> |  |  | High, medium, low |  |
| <please insert other> |  |  | High, medium, low |  |
| <please insert other> |  |  | High, medium, low |  |