**(To be completed for meetings, AGMs, small events etc)**

|  |  |
| --- | --- |
| **Venue name** |  |
| **Venue location** |  |
| **No. of attendees** |  |
| **Date/time** |  |
| **Event description** |  |

**What do I need to do?**

* Identify the hazards
* Decide who might be harmed and how
* Evaluate the risks and decide on precaution
* Record your findings and implement them
* Review your assessment and update if necessary

*The below is not an exhaustive list but for general guidance only.*

**Yes No N/A**

* Is there suitable/ sufficient heating & lighting? □ □ □
* Are the first aid arrangements commensurate with the event? □ □ □
* Are the evacuation route(s) clear and exits clearly marked? □ □ □
* Is there suitable disabled access? □ □ □
* Does our employer liability insurance cover this event? □ □ □
* Has all potential for any trips or falls been removed? □ □ □
* Is there a suitable refuge area? □ □ □
* Have the housekeeping rules been shared with attendees? □ □ □
* Are electrical appliances protected from damage/weather? □ □ □
* Is there a venue staff member on-site / contactable? □ □ □

If you have answered ***no***to any of the questions, please complete the comment box below.

Comments/observations/actions/risks applicable to this event:

|  |
| --- |
| **NB**: Should you have identified above that there is a potential for serious harm, then you should undertake a full risk assessment. |

Signature: Position

Full name: Date

*For further guidance please contact the Volunteering Team at National office on   
01604 611681 or by email at* [*volunteering@mndassociation.org*](mailto:volunteering@mndassociation.org)

***This document is to be retained for 3 years from the date of the event***