

CRIPPS HALL THEATRE PERFORMANCE RISK ASSESSMENT

Type of Event	Event Name	Date/Time of Event	RA 010	
Contact Name	Email	Phone	Location(s) of event	

Before proceeding with any of the activities listed below a full risk assessment must be carried out and approved by the Theatre Technicians.*

HAZARD CHECKLIST: TICK FOR 'YES' AND RISK ASSESS THE HAZARDS ON THE FOLLOWING PAGES

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| <ul style="list-style-type: none"> <input type="checkbox"/> RISK OF INJURY DUE TO FALL: Are you planning to work above ground level; on ladders, tables or chairs, raised set or by lifting persons etc? This includes during your rehearsals, set-up and performance. <input type="checkbox"/> FALLING OBJECTS: Are you planning to hang any objects from above? How is your set constructed, can anything fall or collapse? <input type="checkbox"/> SLIPPING OR TRIPPING: Will you be using either props, set, drapes, costume or other articles that could cause a trip or slip on stage? Will you be acting or behaving in a manner that could cause a trip or slip to yourself or other members of your company? <input type="checkbox"/> SPILLAGE: Are you using any liquids or foodstuffs? Are any liquids near electrical equipment on or off stage? If liquid is spilled can it cause a risk of a slip? <input type="checkbox"/> FIRE: Are you planning to use any open flame, e.g., smoking, candles, incense etc? <input type="checkbox"/> ELECTRICAL HAZARDS: Are you bringing in any electrical equipment? If so, you must contact the theatre technicians well in advance to have the Item PAT tested. <u>**Items that do not pass a Portable Appliance Test cannot be used anywhere on campus; this is a University regulation.**</u> If you are using electrical items on stage could they cause a fire or burn hazard? <input type="checkbox"/> UNSTABLE SURFACES: Are you planning to stand on any object not specifically designed for that purpose? Are you using any objects or set that are not professionally built or of questionable integrity or using them in a manner that could cause them to be unstable? | <ul style="list-style-type: none"> <input type="checkbox"/> 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? <input type="checkbox"/> WEAPONS: Are you planning to use any form of weapon in your rehearsals or performance, e.g., swords, knives, guns, clubs – including replica or toy versions? Do you plan to use any item to represent a weapon? <input type="checkbox"/> UNUSUAL USE OF OBJECTS OR EQUIPMENT: Are you planning to use any objects or performance space in an unusual manner, could this pose a risk? <input type="checkbox"/> PYROTECHNICS: Are you planning to use any explosive devises (no matter how small)? <input type="checkbox"/> IMPAIRMENT: <u>Use of alcohol or drugs before or during performances or rehearsals is not permitted.</u> Are you using any other devices that mean a performer could be impaired; e.g. , blindfolded or handcuffed? Are you aware of any personal impairment, e.g., personal disabilities, illnesses or medication? <input type="checkbox"/> ANYTHING ELSE: This list is not exhaustive! Are you planning any other activity that may pose a significant risk of injury to person or damage to space or property? Do you require any further advice or permissions before undertaking any activity safely? If in any doubt consult either your Tutor or the Theatre Technicians before proceeding in either rehearsals or performance. |
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DECLARATION

- We have identified the above hazards and have attached further pages to risk assess and introduce control measures**
- None of the above applies to our project/ production. There is no significant hazard or risk.**

Name: _____

Signed: _____

Date: _____

PERFORMANCE RISK ASSESSMENT *Must be reviewed and approved by the theatre technician or qualified supervisor

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RISK ASSESSMENT KEY

<p>Severity</p> <p>What is the potential level of injury to persons and/ or damage to property caused by the hazard?</p> <p>1 - Slight 2 - Minor 3 - Moderate 4 - Major 5 - Severe</p>	<p>Likelihood</p> <p>How likely is the hazard to happen?</p> <p>1 - Highly unlikely 2 - Not very Likely 3 - Possible 4 - Likely 5 - Very Likely</p>	<p>Severity X Likelihood =</p> <p>Risk Rating</p>
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No'	HAZARD	DESCRIPTION OF ACTIVITY/ ASSOCIATED RISKS					CONTROL MEASURES/ ACTION PLAN	<u>APPROVAL</u> (SIGN AND DATE) ✓ APPROVED * NOT APPROVED * ? SEEK EXPERT ADVICE –RESUBMIT
			AFFECTED	SEVERITY	LIKELIHOOD	RISK RATING		
1								
2								

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3								
4								
5								
6								
7								

Please continue on further sheets if required.

We have completed a thorough Risk Assessment (above) and have omitted no significantly hazardous activities. We fully understand and accept the risks of this activity and agree to carefully implement the control measures listed above.

Name and Role: _____ Signed: _____ Date: _____.

FINAL APPROVAL Name: _____ Signed: _____ Date: _____.