



HIRER RISK ASSESSMENT FORM

Event Name:	
Date/s:	

Is there a chance for anyone's hair, clothing, gloves, necktie, jewellery, costume or other materials become entangled with moving parts of the staging elements/technical equipment whilst in motion?	YES / NO
Is there a chance that anyone could be burnt, struck, crushed, cut, stabbed or punctured due to: a. Material falling off any of the staging elements/technical equipment? b. Uncontrolled or unexpected movement of the staging elements/technical equipment or its load? c. Lack of capacity for the staging elements/technical equipment to be slowed, stopped or immobilized? d. The staging elements/technical equipment tipping or rolling over? e. Parts of the staging elements/technical equipment collapsing? f. Coming into contact with moving parts of the staging elements/technical equipment during set-up, operation, performance or bump out? g. Being thrown off or under the staging elements/technical equipment? h. Being trapped between the staging elements/technical equipment and materials or fixed structures? i. Other factors not mentioned?	YES / NO
Is there a chance that anyone could be injured by electrical shock or burnt due to? a. The staging elements/technical equipment contacting live electrical conductors? b. The staging elements/technical equipment working in close proximity to electrical conductors? c. Overload of electrical circuits? d. Damaged or poorly maintained electrical leads and cables? e. Damaged electrical equipment? f. Water near electrical equipment? g. Lack of isolation procedures? h. Poor management of portable cable runs? i. Other factors not mentioned? j. Is all electrical equipment have a current in date electrical test tag attached?	YES / NO

Is there a chance that anyone could be injured by explosion of high pressure fluid, gases, vapours, liquids, dusts or other substances triggered by the operation of the staging elements/technical equipment or by theatrical type effects?	YES / NO
Is there a chance that anyone could fall from height due to: a. Lack of proper work platform? b. Lack of proper balustrade, stairs or ladders? c. Lack of guardrails or other suitable edge protection? d. Unprotected holes, penetrations or gaps? e. Poor floor or walking surfaces, such as the lack of a slip-resistant surface? f. Steep walking surfaces? g. Collapse of the supporting structure? Other factors not mentioned?	YES / NO
Is there a chance that anyone using the staging elements/technical equipment, or in the vicinity of the staging elements/technical equipment, to slip, trip or fall due to: a. Uneven or slippery work surfaces? b. Poor housekeeping, eg, staging elements/technical equipment in major traffic areas, cables not fixed down, spillage not cleaned up? c. Obstacles being placed in the vicinity of the stage area, causing obstacles for cast and crew? d. Other factors not mentioned?	YES / NO
Is there a chance that anyone could be suffocated or affected, due to lack of oxygen, or atmospheric contamination?	YES / NO
Is there a chance that anyone could come into contact with objects at high or low temperatures?	YES / NO
Are noise levels related to the event, including set up, construction and performance excessive?	YES / NO
Is there a chance that anyone could be injured due to hazards associated with manual handling; including lifting heavy objects, twisting, repetitive movement, hauling or other factors?	YES / NO

If you have circled yes in any section above, please provide a description of the risk, and any control measures in place to assist in reducing or removing the risk.

Are there any other items or situations associated with your event that Town Hall staff should be aware of, or that may put staff, contractors, volunteers or general public at risk?

EVENT REPRESENTATIVE – DECLARATION

I confirm that the above details are a true and accurate reflection of production and performance conditions, and will be conducted within OH & S guidelines.

Name

Position

Date

Signature