



Company Risk Assessment

SHOW

Date of Assessment:	Production:	Company Manager:
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Dates of Performances/Rehearsals:	Duration of Performances/Rehearsals:
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Assessor:	Job Title:
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Activity / Show element: [e.g. Smoke on stage, inexperienced crew, props, moving set...]	Hazards involved: [e.g. Slips, trips falls from set, fire hazards, injury from props, electric shock...]	Persons in danger: [e.g. Cast & crew, public etc]	Likelihood of injury: (1=Unlikely 5=Likely)	Severity of injury: (1=Not Severe 5=Severe)	Total Risk Score*	What measures are in place to minimise risk of injury? :

Is the production adequately controlled to reduce risk of injury?	Yes / No
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Further actions required:

Signed:

* Note: The **Total Risk Score** is the sum of the likely hood of an injury and the severity of an injury and is therefore out of 10.