**Upon completion, please email to** **admin@mtanz.org.nz**

|  |
| --- |
| **Hazard and Risk Identification Register** |
| **Event name** |  |
| **Location** |  |
| **Person completing this form** |  |
| **Company name** |  | **Email and phone** |  |
| **Event Start date** |  | **Event End date** |  |
| **Event start time** |  | **Event end time** |  |
| **Pack-in time** |  | **Pack-out time** |  |
| **On the day contact for Health & Safety questions (name, position, phone and email)** |
|  |
|  |
| **Subcontractor(s) and their role (detail any subcontractors e.g. build company or entertainment )** |
|  |
|  |
| **Do you have any first aiders on your stand? Detail their name, position, contact number** |
|  |
|  |

Complete each of the sections below. If you have nothing to add to a section then leave the cells empty. If you require more lines, then insert a line.

|  |
| --- |
| **Pack-In** e.g. moving vehicles, manual handling, shared workspaces, work at heights etc |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **High Risk Hazards** e.g. work at heights, flying operations, pyrotechnics etc, confined spaces, hazardous substances, moving set pieces |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Event Hazards** e.g., electrical, set or staging structures, noise, lasers, trips, falls |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Environmental Hazards** e.g. exposure to weather e.g. UV, heat, cold, level of light, strobe lighting |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **People Hazards** e.g. age, fitness, children, skills, number - crowds, security |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
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| **General Hazards** e.g. Smoking, alcohol, drugs, fatigue, hours of work, manual handling, lone working |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Site Specific hazards** e.g. any hazards identified by venue that may impact on event/activities |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Pack Out** e.g**.** moving vehicles, manual handling, shared workspaces, work at heights etc |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
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| **Vehicle Hazards** e.g. speed, road legal, floats, access to site |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
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|  |  |  |  |  |  |  |  |
| **Staging/Structures** e.g. ground stability, size and weight, temporary structures/stands, scaffolding |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
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| **Activities Hazards** e.g. amusement devices, flying fox, giveaways, street theatre |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
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| **Stallholders/Vendors Hazards** e.g. food/health safety |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Other Hazards** e.g. waste management, helicopters, etc |
| **ID** | **Hazard** | **Existing (E) / Potential (P)?** | **Significant?****Y/N** | **Eliminate (E) Isolate (I) Minimise (M)** | **Controls in Place/****Action Required** | **By Whom** | **Date Completed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Additional Comments:

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