

Mothers' Union Meeting/Event - Risk Assessment Form

Purpose of the proposed event/event title:	
Date event is to be held:	
Proposed location of the event:	
Anticipated number of persons in attendance:	

Diocesan event?

Parish event?

Before arranging any meeting the following assessment for the proposed venue should be completed:

Question	Yes	No	N/A
Is the facility suitably insured for the event?			
Are there suitable sanitary facilities for all (including disabled or ambulant disabled persons)?			
Does the entrance to the building allow easy access for disabled or ambulant disabled persons?			
Does the building have an emergency plan in place?			
Are the emergency exits clearly marked?			
Are emergency procedures clearly displayed?			
Are there fire extinguishers in place?			
Are all fire extinguishers in date?			
Is there emergency lighting in place?			
Are all emergency lighting elements in working order?			
If there are cooking facilities, is there a fire blanket available?			
Are electrical points all in good condition?			
If extension cords/leads are present, are they in good condition?			
Are electrical appliances (kettles, microwaves, cookers, etc.) in good condition?			
Has a designated first aider been arranged to attend?			
Has the keyholder been contacted to arrange entry?			
If stands or displays are to be used, have persons with manual handling training been identified to set these up?			

If the answer to any of the above is **NO**, seek another venue or make alternative arrangements.

In advance of persons arriving to the venue on the day of the meeting, the organisers or their delegated substitutes should attend the venue and carry out the below assessment.

Question	Yes	No	N/A
Is the designated emergency co-ordinator identified?			
Are all fire extinguishers, emergency lighting working?			
Are all emergency exits unlocked and clear of obstruction?			
Is there a designated first aider?			

If food is to be cooked or distributed, are all suitable hygiene standards in place?			
If food is to be distributed, are designated persons identified to undertake the task?			
If stands or displays are to be utilised, have these been checked to ensure stability?			
If trailing leads/extension cables are to be used have these been checked to ensure they are in good condition?			
If trailing leads/extension cables are to be used are these covered appropriately or away from trafficked areas to prevent trip hazards?			
If there are materials to be distributed, are these stored safely and away from trafficked areas?			
If there are materials to be distributed, is there someone with manual handling training designated to do this?			

Before commencing the meeting confirm the following:

Item	Yes	N/A
All persons present have been advised of the location of the emergency exits.		
All persons present have been advised as to the name of the emergency coordinator.		
Specific persons have been designated to utilise any electrical appliances.		
Specific persons have been designated to distribute materials.		
All persons present have been made aware as to the identity of the first aider.		

I confirm that I have reviewed and completed the above assessment:

Name (print)		Name (print)	
Date:		Date:	
Signature:		Signature:	

This form should be retained for a period of 6 years. For events covered by the All-Ireland Mothers' Union insurance the form should be retained in the MU office at St. Michan's. For events covered by Parish insurance, the form should be retained at the Parish Office or at an alternative notified location.