| **Event name** |  | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event type** |  | | | | | | | | | | | | |
| **Location** |  | | | | | | | | | | | | |
| **Start date** |  | | | | | | | | **End date** |  | | | |
| **Event start time** |  | | | | | | | | **Event end time** |  | | | |
| **Pack-in time** |  | | | | | | | | **Pack-out time** |  | | | |
| **Total participants** | | | | | | | | | | | | | |
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| **Circus Team and roles** | | | | | | | | | | | | | |
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| **Event Company team and roles** | | | | | | | | | | | | | |
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| **Other relevant subcontractor(s) and roles** | | | | | | | | | | | | | |
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| **On the day communication procedure** | | | | | | | | | | | | | |
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| **Medical team and first aid procedure** | | | | | | | | | | | | | |
| First Aid training of performers:  Incident response training of performers:  Locations of incident plan information and emergency contacts:  What will happen if there is an incident on stage:  - If the performer will leave themself, be taken off stage or stage and show closed.  EMERGENCY CONTACTS  Safety observer:  Supervisor:  Ambulance/fire: 111  IN SHOW SAFETY PLAN  The safety observer is to…  The Supervisor is to…  Other workers are to…  The nearest phone is…  The nearest First Aid kit is…  The nearest de-fib is… | | | | | | | | | | | | | |

**Event Hazards** e.g. Electrical, set or staging structures, noise, lasers, trips, falls

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
| --- | --- | --- | --- | --- | --- |
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**Environmental Hazards** e.g. exposure to weather e.g. UV, heat, cold, level of light, strobe lighting

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
| --- | --- | --- | --- | --- | --- |
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**People Hazards** e.g. age, fitness, children, skills, number, crowds, security

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
| --- | --- | --- | --- | --- | --- |
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**General Hazards** e.g. Smoking, alcohol, drugs, fatigue, hours of work, manual handling, lone working

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
| --- | --- | --- | --- | --- | --- |
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**Site Specific hazards** e.g. any hazards that may impact on event/activities

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
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**Pack Out** e.g. moving vehicles, manual handling, shared workspaces, work at heights etc

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
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**Activities Hazards** e.g. amusement devices, flying fox, giveaways, street theater

| # | Hazard / Risk | Influencing Factors | Control Level | Control | Resources |
| --- | --- | --- | --- | --- | --- |
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**Reference for Risk Assessment Matrix**



