RISK ASSESSMENT FORM

Regal Theatre

Form RTRA

Assessment ID Assessment Date:	Location: Assessor's Name:	**Further assessments required:** Fire ☐ COSHH ☐ Manual Handling ☐ Display Screen Equipment ☐ Nursing and Expectant Mothers ☐ Young Persons ☐	**Persons involved in or affected by the task:** Volunteers ☐ Visitors ☐ Contractors ☐ Members of the public ☐ Others ☐	**Special Groups: (Where individual assessments will be required)** Nursing and Expectant Mothers ☐ Young Persons ☐ Disabled ☐ Service Users ☐
Task / Activity / Area Assessed:				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating

Worst Case Outcome

10	8	5	3	1
Fatality	Severe injury	Lost time injury	Minor injury	No injury

Likelihood given precautions in place

10	8	5	2	1
Certain / imminent	Very likely	Likely	Unlikely	Remote

Risk Rating Table

High 50-100 | Medium 20-49 | Low 1-19

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Action required (note any temporary action / control measures required):	Action Review Date	Action Completed (Name and title) / Date
Further actions that may require longer term consideration:	Action Review Date	Action Completed (Name and title) / Date

If any issues are outstanding from the 'Action Review' date, detail the reasons:

Signature:	Date:

Assessment Review Date (as required):	Assessment Review Date (as required):
New risk assessment required: Yes / No	New risk assessment required: Yes / No
Completed by (Name):	Completed by (Name):
Signature:	Signature:

Copy to Stage Manager

Copy to The MATA Regal Theatre Co Ltd Health & Safety Lead