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**Student Activities Risk Assessment**

Use this form for any event run by a Club or Society. Please complete this form **electronically** and return it to the Student Activities Manager ([groups@susu.org](mailto:groups@susu.org)) at least **3 full weeks** prior to the event. One form should be used for **each** project/event/activity.

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| **Club/Society details** | |
| Your contact name (individual): Rachel Harden | |
| Your Club/Society (if applicable): Theatre Group | |
| Soton email address: rwh2g15@soton.ac.uk | Phone number: 07964624416 |

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| **About the event/activity** | |
| Event title: Physical Theatre Workshop with Temper Physical Theatre Company | |
| Date(s) of event: Saturday 24th February 2018 | |
| Start time: 9:00 | Finish time: 16:00 |
| Location of the activity: Glen Eyre Hall | |

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| **Please describe the activity you are running** |
| This event is being run as a University Society. We are the Theatre Group Society under Performing Arts. The Hall will be being used for Physical Theatre rehearsals - similar to contemporary dance. There will be 25 people attending and I will be using a registration system to ensure that the number is monitored. All of the people attending will be members of the University except for 2 professional workshop leaders who are coming from Temper Theatre company. | |

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| **Risk Assessment** | | | | | | |
| **Within this section you need to give an overview of all the activities or event is undertaking, clearly identifying the risks involved (Hazards) and what action (Controls) will be taken to avoid or reduce these risks to an acceptable level.** | | | | | | |
| **Severity** |  | **The likelihood of an accident occurring** | | | | |
| **Minor**  Superficial injury Slight or temporary  **1** | **Moderate**  Significant injury or illness Temporary minor disability  **2** | **Major**  Serious injury or illness or Significant and permanent disability  **3** | **Critical**  Fatal injury or illness substantial and permanent disability  **4** | **Catastrophic**  Fatal injury or illness for multiple persons  **5** |
| **Likely 5** | Medium 2 | High | High | High | High |
| **Possible 4** | Low | Medium | High | High | High |
| **Unlikely 3** | Low | Low | Medium | High | High |
| **Rare 2** | Low | Low | Low | Medium | High |
| **Almost Never 1** | Low | Low | Low | Low | Medium |

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| **High probabilit**y, 1 in 10 chance or higher, once in two weeks or higher for activities on a daily basis |
| **Possible,** Significant probability,1 in 100 chance or higher, once in 6 months for activities on a daily basis |
| **Unlikely,** low probability, 1 in 1,000 chance or higher, once in 4 years or longer for activities on a daily basis. |
| **Rare,** very low probability, 1 in 10,000 chance or higher, once in a decade or longer for activities on a daily basis. |
| **Almost never**, extremely low probability, less than 1 in 1000,000, Once in a century or longer for activities on a daily basis |

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| **Hazards** | **Control Measures.**  (These can also be supported by documents such as policies and safe working practice) | Calculation of Risk (Likelihood x Severity = Overall Risk Rating) | | | **Risk Acceptable?**  Y/N |
| Likelihood | Severity | Overall Risk Rating |
| Obstructions | Unauthorised persons are to be kept clear of the activity area. Bags and belongings will all be put in the same corner of the room. | 1 | 2 | 2 | Y |
| Lack of instructions | Full briefing to be given to participants and visitors before training/rehearsal begin. | 1 | 3 | 3 | Y |
| Substance misuse | No one is to be allowed to undertake this training, if they appear to be under the influence of alcohol, drugs, or prescribed medication. | 1 | 3 | 3 | Y |
| Trip over objects | The access and egress is to be kept clear of obstructions and slip hazards. No trailing leads, cables or trip hazards are to be allowed. | 1 | 2 | 2 | Y |
| Slip on spillages | General good housekeeping to be carried out, and rubbish removed as soon as possible. | 1 | 2 | 2 | Y |
| Falls | Participants are to be given safety instructions before they start on the activity, which is to be repeated before all activities | 2 | 2 | 4 | Y |
| Impact Injury | Sufficient space between participants is to be found to allow the exercise to be conducted without physical contact taking place. | 2 | 2 | 4 | Y |
| Pulled Muscle | Participants are not to undertake activities that is beyond their training, fitness or ability. Group activities to be supervised at all times by a responsible person. A first aid kit must be available at all times. | 2 | 1 | 2 | Y |
| Muscle or tendon damage | The training is to be terminated should the participant become over tired/exerted or lose concentration | 2 | 2 | 4 | Y |
| Collision | The responsible person/trainer will decide what the safe number of persons training will be. | 2 | 1 | 2 | Y |
| Lack of physical fitness | Participants to warm up and cool down before and after training. | 1 | 1 | 1 | Y |
| Assault | A person known to be disruptive or who may pose a threat to themselves of others will not be allowed to take part in the activity. The safety and behaviour of participants will be monitored at all times. Activity to stop if any participant becomes aggressive or disruptive. They are to be told to leave and security or police assistance called, if they do not do so. | 1 | 2 | 2 | Y |
| Spains or strains | A written choreographed routine must be prepared and followed during the activity. The choreography is to be based on a sustainable and repeatable ; out of distance , or off line techniques. All choreographed moves are to be repeated in slow motion before the pace is increased. The speed and pace of the choreography is to be based on the slower performer. The distance of the choreography is to be based on the tallest performer. Appropriate footwear and clothing must be worn. | 2 | 2 | 4 | Y |
| Mats - Slip Hazard | Ensure that the mats used have non slip bottoms. | 1 | 2 | 2 | Y |
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Risk assessment reviewed by:

Reviewed by Activities Officer (Where appropriate)

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| Name | Click here to enter text. | Dated | Click here to enter text. | Next Review Date | Click here to enter text. |
| Comments/Observations Click here to enter text. | | | | | |

SUSU Health and Safety Manager

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