**The Dartington Hall Trust**

Health & Safety Project Form for Events and Activities

Please return to Vanessa Pike, Property, Higher Close

By email – [vanessa.pike@dartington.org](mailto:vanessa.pike@dartington.org)

Telephone: 01803 847024

This form is to be used by internal Dartington departments and external groups organising projects or events on the Estate and should be returned to Vanessa Pike **a minimum of four weeks before the start date.**

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| --- | --- | --- | --- | --- |
| **Project Name** |  | | | |
|  | | | | |
| **Contact Name and Organisation/ Department** |  | | | |
| **Contact Details** | Address:  Email:  Telephone:  Mobile: | | | |
| **Dartington Contact** (if applicable) |  | | | |
|  | | | | |
| **Proposed Dates and Times** | Start Date and Time |  | End Date and Time |  |
| **Rehearsal Dates**  (If applicable) |  | | | |
| **All Proposed Locations** | Attach plans if necessary | | | |
| **Insurance** | Copy certificates required prior to the event | | | |
| **Risk Assessment** | Documents required prior to the event | | | |
| **Contractors’ Details** |  | | | |
| **Food Hygiene Certificates**  (If applicable) |  | | | |
| **Electrical Test Certificates**  (Including PAT Testing) |  | | | |

**PROJECT INFORMATION AND RESOURCES**

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| **PLEASE PROVIDE A BRIEF DESCRIPTION OF WHAT IS PROPOSED:** |
| (including description of event; approximate numbers attending, parking requirements, waste management proposals, volunteer requirements, post-event clearance arrangements and any additional risks which may arise.) |

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| **PLEASE PROVIDE DETAILS OF ANY MATERIALS AND/OR EQUIPMENT TO BE USED DURING THE PROJECT**, including sound and vision equipment, scaffolding, etc. |
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**PROJECT RISK ASSESSMENT**

Please complete the risk assessment form below for all aspects of the project.

**Site Location: Date of Assessment: Name/Signature of Assessor:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **HAZARD** | **PERSONS EXPOSED TO RISK** | **RISK POTENTIAL** | | | **CURRENT CONTROLS** | **CURRENT RISK** | | | **CONTROLS TO REDUCE** | **FUTURE RISK** | | | **ACTION** |
|  |  |  | **H** | **M** | **L** |  | **H** | **M** | **L** |  | **H** | **M** | **L** |  |
|  |  |  |  | | |  |  | | |  |  | | |  |