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| **PRODUCTION / ACTIVITY:** | |
| **DATES OF ACTIVITY:** | **ASSESSMENT DATE:** |
| **ASSESSED BY:**  **CONTACT:** | **APPROVED BY:**  **DATE:** |

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| **Activity** | **Hazard**  *List hazards here* | **Who might**  **be Harmed**  *list persons* | **Initial Risk**  **Rating**  **L x S** | **Control Measures**  *What are you doing to mitigate against the risk* | **Risk Rating**  **L x S** | **Further**  **Action Required** |
| **Emergency evacuation** | Lack of knowledge in case of emergency evacuation | Everyone | 2 x 5 = 10 | * Safety induction on arrival at the theatre mandatory for all cast and crew to ensure all persons are aware of fire exits | 1 x 5 = 5 | The venue staff are responsible for evacuating the building the event of an emergency |
| **Trips or fall** | Audience, crew or actors trip over set items, props, spilled food, each other or themselves and potentially injure themselves or others. Enhanced risk for female actors wearing heels and long dresses. | All persons involved in activity. | 3 x 3 = 9 | * Practice good housekeeping; keep areas clean & tidy. Ensure walkways are not obstructed. Clean up any spills as soon as is practicable. * Ensure any trailing cables do not pose a hazard. * Ensure backstage blues are on before losing working light * Taping loose cables to the floor, * Marking out any places with the hazard (i.e change in level) with white tape, * If blocking involves fast-paced movement, dancing, or running. Ensure enough rehearsal time is given to block out scenes safely * Food and drink prohibited from stage and backstage areas | 2 x 3 = 6 | The production team is responsible for action. |
| **Fast movement on stage** | Actors running, or moving quickly on stage fall or collide with each other | Cast | 3 x 2 = 6 | * Adequate rehearsal time to be assigned to practice exit and entrances. * Extra attention to be given to blocking. * This will be done on the main stage before the shows so that the cast is comfortable with the set and the stage. * Crew to ensure that no objects obstruct the way of the actors | 2 x 2 = 4 |  |
| **Straining** | Staff, cast and crew may sustain injury from sharp movements | All persons involved in activity. | 4 x 1 = 4 | * Ensuring actors are properly warmed up for strenuous activity. * Establish before lifting if there is a risk of straining. * Assign correct number of people to handle heavier sets and objects. | 3 x 1 = 3 |  |
| **Manual handling (lifting & carrying)** | May sustain injury to cast and crew whilst performing and changing the set | Cast and Crew | 4 x 2 = 8 | * No one should attempt to move anything beyond their personal lifting capability. * Set up/Pack up should be undertaken by at least 2 people. * Use a trolley for large or heavy loads. * Appropriate footwear should be worn. * Gloves available from byre technicains on request | 3 x 2 = 6 | The production team is responsible for action. |
| **Rigging** | Injury or damage to property from falling set/equipment | Byre staff | 3 x 2 = 6 | Byre staff will rig all required set and technical equipment in accordance with venue rigging and work at height safe systems of work | 2 x 2 = 4 | The Byre staff is responsible for this action. |
| **Collision in the wings** | Actors/stage crew bumping into each other in wings and coming on / off stage | Actors and crew | 4 x 1 = 4 | * Maintaining awareness of surroundings. * Those in wings anticipating when those on stage will be coming on/off. | 3 x 1 = 3 | Actors/stage crew responsible for this. |
| **Dim lighting or blackout** | Actors and crew bumping into each other on or offstage | Actors and crew | 3 x 1 = 3 | * Maintaining awareness of surroundings and being careful of movements during blackouts. * Ensure blues lighting in on in wings and dock before working light is switched off | 2 x 1 = 2 | Actors/stage crew responsible for this. |
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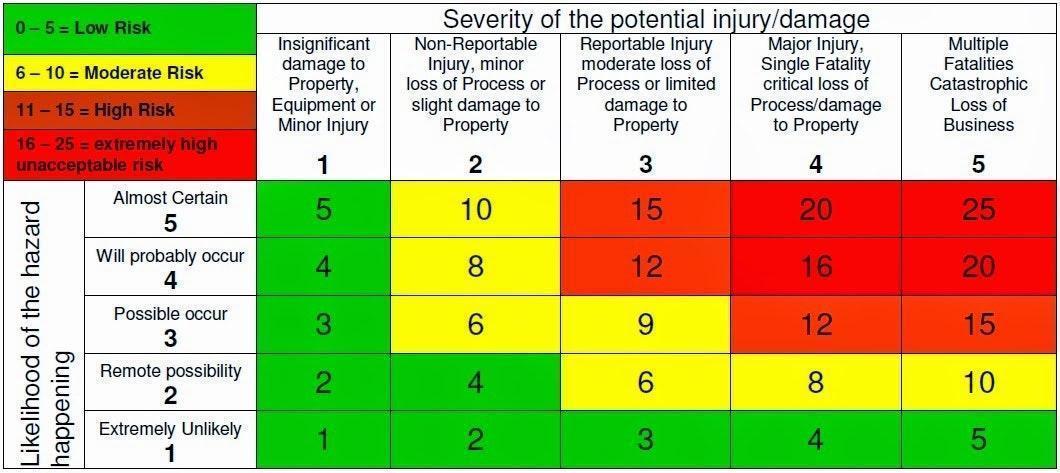
**\*Additional risks associated with your show should be added to this RA following the dim lighting/blackout risk.**

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| Method of Communicating assessment: Building induction / Senior Members of team on shift during initial shifts  Signed: |

**RISK ASSESSMENT - GUIDANCE NOTES**

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| **action** | **Hazard**  **(Something with the potential to cause harm)** | **Persons At Risk**  **(Someone at risk from the hazard)** | **Is The Risk Adequately Controlled**  **(What are the existing controls)** | **What Further Action Needed to Control Risk**  **(What more could reasonably be done)** |
| **Examples** | **\*Examples** | **\*Examples \*Particularly** | **\*Examples** |  |
| Crowd safety  Access equipment   * Ladder * MEWP   Using electrical item   * Tools * Lighting * Sound   Fit ups   * Unloading vehicles * rigging * Building set * Manual   Working on a rake  Working outside | Slippage / Tripping  Fire (flammable substances)  Ergonomic  Moving Parts  Working at Height  Vehicles  Electrical wiring  Noise  Manual handling  Fumes  Dust  Chemicals | Office Staff  . Freelancers  Audience  Cleaners  Maintenance  \*Contractors  \*Visitors  The Public  Operators  \*Young  \*inexperienced  \*Trainees  \*People working alone  \*The Disabled | Is there adequate information / training?  Are there adequate systems / procedures?  Meet legal requirements?  Meet Byre Standards?  Comply with industry standards?  Represent good practice?  Reduce risk as far as possible?  \* Are you doing all that is reasonably practicable?  \* Can I eliminate the hazard?  \* If not, how can I control the risk?  \* Personal protective clothing should only be used when no other reasonable action exists | \* Prioritise for risks affecting large numbers or where serious harm may result  \* **Consider:**  **-** Remove risk completely  - Try less risky option  - Prevent access to hazard, e.g. guarding  - Reorganise work to reduce exposure  - Issue personal protective clothing  - Welfare facilities - Washing / First Aid  - Administrative controls  \* Review with Management. Assign Responsibility and timescales. |

**Risk Index -** Calculated by multiplying Severity (S) of Hazard by Likelihood (L) of it occurring



***I confirm that the significant findings of the assessments in this file have been communicated to me and the control measures explained. I understand the legal requirements for me to comply with the control measures and to co-operate with my employer in the interest of health and safety. I agree to abide with the controls in place and to report any defects or problems with the systems.***

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| **Employee Name** | **Employee Signature** | **Date** |
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