

Harmston Parish Council

Annual Christmas Event, Saturday evening (5pm onwards), every December

Carol singing and mulled wine event

Families visiting the field for hot mulled wine served from a stove. Drinks served to public by an adult. Stove manned at all times, and back of stove blocked from public. Event on open grass with no fences. Lighting over area. Cover and chairs provided for Band. Bin bags provided to collect rubbish.

	LIKELIHOOD (Chances of occurrence)		SEVERITY (Outcome)
2	Remote Possibility	2	Negligible Injury
4	Unlikely	4	Minor Injury
6	Possible	6	Major Injury or Disability
8	Very Likely	8	Death
10	Certainty	10	Multiple Deaths

		BEFORE CONTROLS		
HAZARDS		LIKELIHOOD x SEVERITY = RISK RATING		
1	Tripping when stepping over curb onto grass (lit by street lamps)	2	2	4
2	Hot liquids (served adult to adult)	4	4	8
3	Hot stove (manned and limited access)	4	2	8

LOW (1 – 30)	MEDIUM (30 – 40)	HIGH (40 – 80)	VERY HIGH (80 – 100)
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Who Might Be Harmed?

1	Employees when serving drinks and using stove
2	Visitors When accessing the field, holding cups and standing near others with drinks

HEALTH & SAFETY ADVISER

Controls

Detail all appropriate controls stating whether they are currently in place. Where an appropriate control is identified but not operational tick the No column and detail further action in the table below.		IN-SITU	
		YES	NO
1	Staff/Volunteers to verbally remind visitors of the edging (where a trip could possibly occur)	Y	
2	Area accessible by paths	Y	
3	Street Lighting on	Y	
4	Cover provided for the band, and chairs to sit on	Y	
5	Staff/Volunteers to ensure stove is manned at all times	Y	
6	Hot drinks only given to adults	Y	
7	Rubbish collected to ensure there are no trip hazards	Y	

Risk Rating After Controls

		LIKELIHOOD x SEVERITY = RISK RATING		
1	Tripping when stepping over curb onto grass (lit by street lamps)	2	2	4
2	Hot liquids (served adult to adult)	2	2	4
3	Hot stove (manned and limited access)	2	2	4

LOW (1 – 30)	MEDIUM (30 – 40)	HIGH (40 – 80)	VERY HIGH (80 – 100)
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Further Action Required

Specify any further action required		Date Completed
1	Non required	

Assessment completed by:	H. Jones
Date:	1.4.23
Signed:	
Confirmation that detailed controls will be implemented at all material times:	
Signed:	
Date:	
Position:	Clerk

HEALTH & SAFETY ADVISER