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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. |
|  |  |  |  |  |  |  |

**\*Additional risks associated with your show should be added to this RA following the dim lighting/blackout risk.**

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

**RISK ASSESSMENT - GUIDANCE NOTES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 safetyAccess equipment* Ladder
* MEWP

Using electrical item* Tools
* Lighting
* Sound

Fit ups* Unloading vehicles
* rigging
* Building set
* Manual

Working on a rakeWorking 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.***

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