[Society/Sports Club Events Form (forms-db.com)](https://ltsu.forms-db.com/view.php?id=13903)

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| **LEEDS TRINITY UNIVERSITY**  **ACTIVITIES RISK ASSESSMENT FORM** | Department: | Name of Assessor : | Review Date: |
| Location Activity: | Post held: | Name of Reviewer: |
| Date of Assessment: | Signature of the Assessor: | Signature of Reviewer: |
| Ref No:  Page: | Signature of Responsible Manager: | Action/No action (delete as appropriate)  (If further action is required as a result of review another risk assessment form should be completed). |

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| **List hazards here:** | **Severity of Harm** | **Likelihood**  **Of Harm** | **Risk** | **List groups of people especially at risks from the hazards identified:** | **List existing controls here or note where the information may be found:** | **List the risks which are not adequately controlled and the action which you will take where it is reasonably practicable to do more:** |
| Line | low | low | Risk of being caught round neck | all | To be hung against a wall |  |
| Table | Low | low | Bumping in to | all | Smallest table possible, to be positioned against wall |  |
| Paper | low | low | Paper cut | all |  |  |
| Ink | low | low | poison | all |  |  |
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