**Production Risk Assessment Form**

**Stage Manager: Production Name:**  **Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Activity/**  **Element** | **Hazards Identified** | **Existing Controls** | **Risk Rating**  **Low/Med/High** | **Additional Controls Required** | **Residual Risk**  **Low/Med/High** |
| *Example* | *Falling through trap door* | *Risk of injury* | *Crash mat provided, training given on how to fall safely to actor* | *Med* | *Lighting in recess so actor can see where he’s falling* | *Low* |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date** | **Signature** |
| **Existing And Additional Controls Agreed by Technical Director or H&S Manager** |  |  |  |
| **Additional Controls Implemented by Stage Manager** |  |  |  |