



Form:	Issue:	Date:
Show Risk Assessment Review Form	2	Apr 2023

Part 1: Technical/Production Manager (Prior to Show Arrival)

Show Name:		Company Name:	
Contact Name:		Contact Email:	
Contact Number:		Date:	

Show Information (Technical/Production Manager to complete)

Date & time of Show:	Date From:	Time:		
	Date To:	Time:		
Location of Show:				
Describe Scope of Show: <i>(Show Type, Equipment Required, Specific Hazards & No. of persons etc.)</i>				
Keys/Room Access Required:	Keys:	Room Access:		
Vehicles Required/Access	Vehicles Yes/No:	Access Required Yes/No:		
Type of Vehicles	Vehicles:			
Attached H&S Documentation	Yes	No	N/A	Checks / Comments
Health & Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dated and signed within last 12 months?
Insurance Documents	<input type="checkbox"/>	<input type="checkbox"/>		Employers & letter of Public Liability dated within last 12 months. (Minimum of 2 million PL cover)
Task-Specific Risk Assessments completed	<input type="checkbox"/>	<input type="checkbox"/>		Follows HSE Five Steps? Specific to works and site?
Method statements completed	<input type="checkbox"/>	<input type="checkbox"/>		Covers all aspects of the works
COSHH Assessments completed (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessments provided for any hazardous substances to be used?
Manual Handling Assessments completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessments provided for any manual handling tasks to be completed?
Pyrotechnic Risk Assessments (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessments provided for any articles pyrotechnic to be used?
Work at Height Risk Assessments (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessments provided for any work at height tasks to be completed?
Other (See Part 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation of any other specific tasks to be risk assessed on the day of the performance?



Form:	Issue:	Date:
Show Risk Assessment Review Form	2	Apr 2023

Risk Assessment and Method Statement Review Checklist (RAMS)	Yes	No	N/A	Checks
Risk Assessment and Method Statement Review:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Author of RAMS clear / Correct Company Name?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commencement and end dates and times?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description of task / scope of works?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazards/Risks identified, and control measures documented?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor name and contact details?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workforce identified (numbers, names)?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competencies specified for all workforce (Competency Certificates, Professional Bodies)?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant, tools, equipment and materials to be used (Certification)?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE to be used identified?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency procedures documented (Evac' Assembly Point, Rescue)?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid provision documented?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring process identified?
High Risk Works/Tasks Permit to Work Required?	<input type="checkbox"/> NO <input type="checkbox"/> YES? (If YES tick permit(s) required to be completed) US THEM <input type="checkbox"/> <input type="checkbox"/> Roof Space Access <input type="checkbox"/> <input type="checkbox"/> Confined Spaces <input type="checkbox"/> <input type="checkbox"/> Under Orchestra Pit Access <input type="checkbox"/> <input type="checkbox"/> Unconventional Hot Works <input type="checkbox"/> <input type="checkbox"/> Unconventional Work at Height <input type="checkbox"/> <input type="checkbox"/> Unconventional Electrical Work Please tick who will be responsible for and carrying out the work in the boxes above. (Unconventional means any task that is not covered under normal in-house risk assessments, or part of day-to-day procedures in the venue)			



Form:

Issue:

Date:

Show Risk Assessment Review Form

2

Apr 2023

Comments, Amendments or additional required:



Form:	Issue:	Date:
Show Risk Assessment Review Form	2	Apr 2023

Part 2: Duty Stage Manager (Upon arrival of Production on day of get-in)

Pre-show Hazard Identification and Safety Information (Duty Stage Manager to complete)

Area of Hazard	US	THEM	Area of Hazard	US	THEM
	Y	N		Y	N
Additional Flown Lighting/Projector			Trucked Scenery		
Additional Flown Scenery & Cloths			Food/Water on Stage		
LX Booms (not incl. House prosc. boom)			Glass/Crockery/Breakables on Stage		
Strobe Lighting			Bare Feet		
Haze/Smoke			Fights (Not involving Weapons)		
Lasers			Weapons (other than Firearms)		
Pyrotechnics			Firearms		
Raised Rostra (2ft or Below)			Pregnant Creatives/Production Staff		
Raised Rostra (Above 2ft)			Pregnant Performer		
Dropped Orchestra Pit (Beyond Stepped)			Cast Entrance/Exit via Auditorium		
Juvenile, Vulnerable or Performers with Disabilities			Audience Members invited onstage		

If any of the production hazards are not detailed above then you must describe them in detail on form RA01B.

Please check the non-Standardised Risk Assessment Folder for inspiration first.

Area of Hazard	US	THEM	Area of Hazard	US	THEM
	Y	N		Y	N
Scene Changes			Naked Flames		
Cigarettes/E-Cigarettes			Theatrical Trap Door		
Performers with Impaired Hearing/Sight			Dry Ice		
Animals			Flying Performers		
Standing on Scenery (Not Rostra)			Revolves		
Compressed Gases/Liquids			<i>Other (Please Specify Below)</i>		

Other Information/Comments

If any "Y" is in the "Them" column, please provide further details here:

Show Information for FOH/General Information

Chaperones (12 Kids:1 Chaperone)		Merchandise?	
Running Times	____:____:____	Photography/Video Allowed?	



Form:	Issue:	Date:
Show Risk Assessment Review Form	2	Apr 2023

Pre-show Hazard Identification and Safety Information (Duty Stage Manager to complete)

Upon arrival of the Incoming Show, check and confirm the following information:

- Go through Incoming Company Information Pack
- Go through Hazard Identification Sheet - Part 2 (Identify any known hazards with Incoming Company)
- Check Part 1 above is completed and ensure each control element is available and in place:
- Request Incoming Show to complete relevant Permit to Work forms listed above (if required)?

Duty Stage Manager sign:		Date:		Time:	
---------------------------------	--	--------------	--	--------------	--

Note: If you are not satisfied that the show cannot be performed safely. Prevent the Incoming Show from commencing Get-in.

Part 3: Incoming Show on Arrival (prior to Get-In starting)

Pre-show Hazard Identification and Safety Information (Incoming Show Representative to complete)

I confirm the information above is true and correct, site fire precautions and evacuation details have been fully explained. I am aware of the show specific hazards that have been identified. I will undertake safe working practices as outlined in the risk assessments and safe systems of work.

I will ensure show personnel are fully instructed in safe working practices and site information, prior to commencing get-in and are supervised to ensure a safe working environment.

Incoming Show's Representative sign:		Date:		Time:	
---	--	--------------	--	--------------	--

Part 4: Incoming Show Departure (after Get-Out)

Post-show checks (Joint Duty Stage Manager and Incoming Show Representative to complete)

- Incoming Show Representative: *I confirm that the Venue has been checked by myself and has been left in a safe and tidy condition.*
- Duty Stage Manager: *The Venue has been thoroughly checked by the Incoming Show Representative and myself and no risks were found. The Venue has been left in a safe and tidy condition.*

Show Representative sign:		Print Name:	
Date:		Time:	
Duty Stage Manager sign:		Print Name:	
Date:		Time:	