



LSU MEDIA RISK ASSESSMENT FORM



EVENT OR ACTIVITY BEING RISK ASSESSED (add name of event where relevant)	LCR Activity & Freshers Broadcast	DATE OF COMPLETION OF RISK ASSESSMENT	24/09/2020
		DATE OF EVENT/ACTIVITY (if applicable)	Recurring event
AUTHOR/S OF RISK ASSESSMENT (this must include at least one person involved in the event/activity)	Chair – Cameron Glenwright, LCR Station Manager – Lucie Lewis		

PLEASE NOTE – THIS RISK ASSESSMENT MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT/ACTIVITY

What are the HAZARDS?	Who are the People at RISK?	What are you already doing to CONTROL the Risk?	What FURTHER ACTIONS are required to Control the Risk?	Action by WHOM?	Action by WHEN?	Action Completion DATE?
Look for hazards which you could reasonably expect to result in <u>significant</u> harm and HOW might they cause harm?	Who are the people who may be harmed by the Hazard	What precautions have you already taken against the Hazards you have listed?	What more can be reasonably done for those Risks which are not already adequately controlled?	Who is <u>responsible</u> for making sure this Control Measure happens? (at least 2 people) GIVE initials/ Names	Give a realistic timeline for each Control measure	Date and sign initials required (after the event/activity if necessary)

PLEASE NOTE – RISK ASSESSMENTS SHOULD BE REVIEWED ANNUALLY FOR GENERAL CLUB ACTIVITIES AND COMPLETED AS NECESSARY FOR ANY NEW ACTIVITIES/PROCEDURES/EVENTS/TRIPS/POTENTIALLY HAZARDOUS SITUATIONS.

ALL SIGNED RISK ASSESSMENTS SHOULD BE SCANNED AND KEPT FOR 40 YEARS.

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Spread of COVID-19 through person to person contact	Anyone involved in the activity	All volunteers unless exempt MUST wear a face covering at all times. A distance of 2 meters must always be kept between volunteers during the activity. Activities will only be held in spaces where social distancing is possible. The capacity of the activity will depend on the size of space the activity takes place in. Where possible activities should occur outside. People will be told to not attend if they're experiencing any symptoms of COVID-19	If a volunteer is not socially distancing during the activity, they will receive a warning. If this occurs again the volunteer will be asked to leave. In the event that the majority of volunteers on the activity refuse the to social distance then the activity will be terminated immediately.	Chair – COG Chair – COG LCR Station Manager – LL	ongoing	
Risk of passing Covid-19 through use of LCR radio studio	Anyone using LCR	Mic foam windshields will be changed for each user and washed in soap and water for further use. Equipment will be wiped down between uses to reduce spread from surface contact. Only 1 person will be in the studio at once. (Unless screens are put up in the studios allowing for 2 people.)		Chair – COG LCR Station Manager – LL	ongoing	
Spread of COVID-19 through equipment contact		All equipment will need to be booked out on our system in order to use it, we will make sure equipment is stored for 72 hours between uses. After use the		LCR Station Manager	72 hours prior	

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		user of the equipment will need to wipe down the equipment they used.				
Spread of Covid 19 during Freshers Radio Broadcasts	Presenters Officers Students Staff	The maximum room capacity has been increased to a maximum of 3 people to enable the delivery of freshers broadcasts. 3 people from 2 households maximum. All other government, university and students' union guidance to be followed. Social distancing to be observed. Sanitising to be done on entry and exit of the station. Face masks to be worn at all times except for when presenting on the radio.	All participants to Track and Trace using the LSU Student Groups T&T form www.lsu.co.uk/sgtrackandtrace	Chair - COG	Prior to event	

I UNDERSTAND THAT THE CONTROL MEASURES LISTED AND THE INFORMATION WITHIN THIS RISK ASSESSMENT MUST BE GIVEN TO ALL THOSE PEOPLE WHO NEED TO KNOW IT. (This is generally those leading/undertaking/involved in the activity/event).

(This is best done by writing up the Control Measures in an easy to read summary, such as a Rules or Guidelines format OR this actual Risk Assessment may be given out in full if that is considered the most informative way).

The information will be/has been given out in the following format (circle as appropriate): **this Risk Assessment / Rules / Guidelines**

If Rules or Guidelines formats are used, please attach to the Risk Assessment, or keep in the same PC folder.

The information will be/has been sent out in the following way (circle as appropriate): **Paper / Email /Online/Website (state where/give link)**

The information will be given out to (e.g. all club members/Club committee/Security)

Signed:		Position:		Date:	
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Signed:		Position:		Date:	
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I AGREE TO FOLLOW AND ABIDE BY THE CONTROL MEASURES LISTED WITHIN THE RISK ASSESSMENT.
 I HAVE BEEN CONSULTED IN THE DEVELOPMENT OF THIS RISK ASSESSMENT AND HAVE BEEN ALLOWED MY INPUT.
 I HAVE BEEN GIVEN SUFFICIENT INFORMATION OR TRAINED IN ALL AREAS REQUIRED BY THE RISK ASSESSMENT.

Signed:		Position:		Date:	
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ALL LSU MEDIA EVENT RISK ASSESSMENTS MUST BE CHECKED AND PASSED BY THE SOCIAL EVENTS TEAM BEFORE THE ACTIVITY TAKES PLACE.

An email confirmation of APPROVAL of the Risk Assessment will be accepted. Or a signature in the space below:

Email confirmation received:		From whom:		Date:	
Signed by: Social Events Team		Position:	Social Events Team	Date:	

AFTER THE EVENT/ACTIVITY A REVIEW MUST TAKE PLACE TO COMPLETE THE RISK ASSESSMENT PROCESS

(This should occur ideally within one week, or a maximum of one month of the Event or Activity taking place for the first time).

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What could be improved or should we take into account if this activity was repeated in the future? What should be avoided?

Signed:		Position:		Date:	
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