

Continued	Hazard	Raw Risk	Controls	Residual risk

Other comments:

Who will brief staff/volunteers/contractors about how safety will be managed at this event? _____

When will this be done? _____

This safety management plan was completed by (Name): _____

Date: _____

Signature: _____

H&S Office use only:

Form reviewed by (MPDC health and safety team): Name:

Date:

Signature:

Comments: