# WIDDRINGTON COMMUNITY CENTRE

## HIRER RISK ASSESSMENT FORM

*(Owned by Widdrington Station & Stobswood Parish Council)*

This form must be completed by all groups or individuals hiring the Centre prior to activities taking place.

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### 1. Hirer Details

**Organisation / Group / Hirer Name: _____**

**Responsible Person (18+): _____**

**Address: _____**

**Telephone: _____ Email: _____**

**Date(s) of Hire: _____**

**Time(s): _____**

**Activity Description: _____**

**Estimated Number of Participants: _____**

**Age Range (if applicable): _____**

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### 2. Insurance (private groups only)

Public Liability Insurance Provider: _____

Policy Number: _____

Expiry Date: _____

*(Evidence of insurance may be required before hire is confirmed.)*

### *3. Risk Assessment*

Please identify hazards associated with your activity and the measures you will take to control them.

| Hazard | Who Might Be Harmed | Risk Level (Low/Med/High) | Control Measures in Place |
|---|---|---|---|

### 4. Fire Safety and Emergencies

☐ I have familiarised myself with the fire exits and evacuation procedures

☐ I will ensure exits remain clear at all times

☐ I will brief participants on emergency arrangements if necessary

☐ I will contact emergency services if required

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## 5. Equipment and Set-Up

☐ Any equipment brought onto the premises is safe and suitable for use

☐ Electrical equipment is in good condition (PAT tested where applicable)

☐ No hazardous substances will be used without prior approval

☐ Set-up and dismantling will be carried out safely

Details of equipment being used:

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## 6. Safeguarding (if children or vulnerable adults are present)

☐ Appropriate supervision ratios will be maintained

☐ Relevant safeguarding procedures are in place

☐ DBS checks held (where required)

☐ A responsible adult will be present at all times

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## 7. First Aid

Name of First Aider (if applicable): _____

Location of First Aid Kit : _Located in the Kitchen on the premisis_____

☐ I understand how to contact emergency services

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## 8. COVID/Health Precautions (if applicable)

☐ I will follow current public health guidance

☐ Participants will be advised not to attend if unwell

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## 9. Declaration

I confirm that:

- This risk assessment is suitable and sufficient for the activity described
- I accept responsibility for the safety of participants during the hire period
- I will comply with all conditions of hire and instructions from the Parish Council
- I hold appropriate insurance for the activity
- I will report any accidents, incidents, or damage immediately

**Name:** _____

**Position (if applicable): _____**

**Signature: _____**

**Date: _____**

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## For Parish Council / Sub-Committee Use

Risk Assessment Received: ☐ Yes ☐ No

Insurance Verified (if applicable): ☐ Yes ☐ No

Approved by: _____

Date: _____