

**Public Liability and Hirers Risk Assessment Form**

Name of Group: \_\_\_\_\_

Date form Completed: \_\_\_\_\_

Activity taking place and who will be attending:

Heene Community Association expects hirers to apply a common sense approach to Health and Safety when using the facilities. To comply with the terms and conditions of hire, please complete the Risk Assessment, for your activity/use of the room. (If your organisation has its own Health and Safety policy/risk assessments, then please include these as well.)

**Risk Assessment**

	Hazard	Who may be harmed	Control measures to be applied
1			
2			
3			
4			
5			

**Public Liability Insurance**

As a hirer you are responsible for any accidents or incidents that happen involving your group whilst you are in the centre. For this reason, we consider it essential that you have your group covered by a Public Liability Insurance policy. You should be aware that the centre does not accept any liability in the case of an accident or incident occurring that is not as a direct result of something that is their immediate responsibility.

Please tick to indicate that you have read and understood.

**Do you have Public Liability Insurance?** Please tick either Yes or No.

**YES** – (forward details to the Centre.)

**NO** – (We accept full responsibility for the safety of our members and agree that The Heene Community Centre is not liable for any accidents or incidents other than those specified in its own Public Liability Insurance policy.)

**Fire Procedure**

As a hirer, you must have a procedure in place for your group to evacuate the premises in the event of a fire. Please see our Fire Instructions Information sheet.

Please tick to indicate that you have read and understood.

**PAT Tested**

I/We confirm that any electrical equipment to be used in the Centre has been PAT tested

Please tick to indicate that you have read and understood.

Please complete the details below and sign and return:

Name and Address of Organiser .....  
.....  
.....  
.....  
.....

Contact Telephone/Mobile Number.....

Print Name.....

Signed.....

Dated.....