

RISK ASSESSMENT FORM

NB - The bullet points included in this form are examples to be considered under the headings in Boxes 1-5. The form should be completed using the guidance and considering the specific activity to be undertaken along with the needs of the children, young people and adults who will participate in the planned activity.

<p>1. Place to be visited: e.g. retreat centre</p> <p>Potential hazards:</p> <ul style="list-style-type: none"> • environmental e.g. weather, terrain • health e.g. polluted water, administration of medication, allergies • human and behavioral e.g. violence, anxiety, road safety awareness, • activity e.g. swimming, flashing lights, • travel e.g. driving, disability access • accommodation e.g. fire exit, disability access,
<p>2. List groups of people who are especially at risk from the significant hazards you have identified e.g.:</p> <ul style="list-style-type: none"> • children/young people • event leader • leaders/accompaniers • impact of age/stamina/ability/health condition • the public • some adults
<p>3. List existing controls or note where information may be found e.g.:</p> <ul style="list-style-type: none"> • ensure sufficient supervision/accompaniment • clear guidance to participants • emergency /medical information form completed by participants • exploratory visit or research – this will allow for unforeseen or unknown hazards to be identified • be prepared to say “no” at the planning stage if an activity is clearly unsuitable for a person
<p>4. How will you cope with the hazards which are not currently or fully controlled under (3) e.g.: <i>List hazards and the measures taken to control them</i></p> <ul style="list-style-type: none"> • removal of hazard • modifying the design of an activity • supervising an activity more closely • training • emergency procedures
<p>5. Continual monitoring of hazards throughout visit:</p> <ul style="list-style-type: none"> • share plans with leaders prior to the event • during the event, on-going assessment of risk and remedial action as required

Risk assessment completed by:(Print Name)

Review date:

Signed: Date: