

Activity Risk Assessment



Activity Name:

Date:

Venue:

Responsible Person:

UNRESTRICTED

RESTRICTED

CONFIDENTIAL

Classification & Handling Status; delete as appropriate

1.0. Activity		Ref
Identified Hazards	Key Risks	Existing Control Measures/Precautions

2.0. Residual Risk Assessment					
Key Risks	Accident Probability	Accident Severity	Residual Risk		Further Action Required
			Score	Factor	

3.0. Other Information Requirements		
Ref Item	✓ N/A	Identify what is required and why. Describe how this will be achieved.
Noise Assessment		
Manual Handling Assessment		
Any Specific Training Requirements		

4.0. Sign off/approval		
Prior to completing this risk assessment you must ensure that young and vulnerable persons are protected. By signing this off you are confirming that the Society Child Protection Policy has been reviewed and no aspect of the event will contravene this policy.		<i>(Tick to confirm)</i>
Assessed By:	Planned Assessment Review:	
Position:	Person:	Date:
Date:	Person:	Date:

Accident Probability		X	Accident Severity		=	Residual Risk		
						Score	Factor	Action
Very Likely	4		Very Serious	4		9 - 16	High	Unacceptable Risk. Re-assess to eliminate/ reduce risk to Low/Med Factor
Reasonably Likely	3		Reasonably Serious	3		4 - 8	Med	Consider further precautions to reduce risk to Low Factor. Proceed with extra care if unable to reduce to Low Factor
Reasonably Unlikely	2		Reasonably Moderate	2				
Very Unlikely	1		Very Minor	1		1 - 3	Low	No further action required

DISTRIBUTION:
Copies to:

1. Responsible Person.
2. Chairperson.
3. Secretary.
4. Child Protection Officer (if different from the above).