**RISK ASSESSMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Visit Title**  |  | Likelihood (L) | X | Severity (S) |
| **Visit Leader**  |  | Almost Impossible  | 1 | Insignificant (minor injury, no time off) |
| **Group** |  | Unlikely | 2 | Minor (injury and up to 7 days off) |
| **Place’s being visited**  |  | Possible | 3 | Moderate (injury causing more than 7 days off) |
| **Activity/Task** |  | Likely | 4 | Major (death or serious injury) |
| **Visit Date** |  | Almost Certain  | 5 | Catastrophic (multiple deaths) |
| Benefit of Visit/ Activity  |  | **Low = 1-8** | **Medium = 9-14** | **High = 15-25** |

|  |  |  |
| --- | --- | --- |
| **What are the significant, foreseeable, hazards?*****(the dangers that can cause harm)*** | **Current control measures** ***(What is already in place/done)*** | **Risk Rating** |
| **L** | **S** | **R** |
| **Sites/Environments being Visited**  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| **Activities (inc downtime)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| **Transport** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| **Group**  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

|  |  |
| --- | --- |
| **Persons at risk:** |  |
| **Emergency Contact and Procedure**  |  |

**NOTE THE FOLLOWING**

**Ongoing risk assessment – the most essential element:*1. Apply the control measures 2. Monitor how effective they are 3. Change, adapt, revise as required***

**Signature and review**

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| --- | --- | --- | --- |
| **Name of Visit Leader :** |  | **Date:** |  |