**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:** |  |