**Blank Risk Assessment**

|  |
| --- |
| Event: Date:  |
| Location: |
| Group: |
| Group Leader: |
| Contact: |
| Address: |
| Phone: |
| Email: |

**Risk Assessment Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity**  | **Possible risk** | **Prevention** | **Action to be taken to reduce risk** | **Responsibility** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Completed by:**  |
| **Signed:** |
| **Date:** |