

RISK ASSESSMENT AND MANAGEMENT FORM

Name/Group:		Date:	
Location:		Co-ordinator's Name:	
Activity:			
No. of kids:		No. of leaders:	
Analysis		Description	
Risks What us the worst thing that could happen during this activity? (e.g. Accident, injury, damage and other forms of loss)			
Potential Hazards What factors could cause these incidents?		People	Equipment
		Environment	
		e.g. strangers from off the street who might try and enter the church building during a youth event	e.g. heater in youth room
			e.g. water at beach
Risk Management	Normal Operations (What can reasonably be done to stop these incidents from happening?)		
	Emergency (What can I put in place now so that I could deal with an emergency effectively?)		

Skills required by leaders (e.g. first aid, swimmers etc)			
Final Decision on implementing activity	Form completed by:		Date:
	Choose one:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Approved by:		
	Position:	Date	