|  |  |
| --- | --- |
| **\*SHEET NUMBER:** |  |

**\*PLEASE USE MULTIPLE SHEETS IF REQUIRED**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY:** |  | | | | | **RISK ASSESSMENT NO:** | |  | | |
| Hazard(s) | **Potential**  3 (High)  2 (Medium)  1 (Low) | **Likelihood**  3 (High)  2 (Medium)  1 (Low) | **Risk Rating**  H / M / L | **Persons, property or equipment at risk, and how** | **Controls already in place** | | **Further action required – and resulting risk rating** | **Action by whom** | **Action by when** | **Date Done** |
|  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |

|  |  |
| --- | --- |
| **Risk Assessment carried out by:** |  |
| **Date:** |  |
| **Review Date:** |  |
| **Notes**: | |

#### HAZARD POTENTIAL

3 – High = Loss of life / Permanent disability / Major injury / Serious damage to property or equipment

2 – Medium = Serious injury / Temporary disability / Limited damage to property or equipment or reputation of SCF

1 – Low = Minor / non-disabling injury / Insignificant or no damage to property or equipment

**LIKELIHOOD**

3 – High = Once or more per day or per activity

2 – Medium = Once or several times per month

1 – Low = Once or a few times per year

**RISK RATING (Potential x Likelihood)**

9 & 6 = High

3 & 4 = Medium

1 & 2 = Low

**Reminders –** Check Insurance policies to ensure full coverage & send a copy of this form to the charity the event is in aid of.

**\*PLEASE USE MULTIPLE SHEETS IF REQUIRED**

|  |  |
| --- | --- |
| **\*SHEET NUMBER:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY:** |  | | | | | **RISK ASSESSMENT NO:** | |  | | |
| Hazard(s) | **Potential**  3 (High)  2 (Medium)  1 (Low) | **Likelihood**  3 (High)  2 (Medium)  1 (Low) | **Risk Rating**  H / M / L | **Persons, property or equipment at risk, and how** | **Controls already in place** | | **Further action required – and resulting risk rating** | **Action by whom** | **Action by when** | **Date Done** |
|  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  |

|  |  |
| --- | --- |
| **Risk Assessment carried out by:** |  |
| **Date:** |  |
| **Review Date:** |  |
| **Notes**: | |

#### HAZARD POTENTIAL

3 – High = Loss of life / Permanent disability / Major injury / Serious damage to property or equipment

2 – Medium = Serious injury / Temporary disability / Limited damage to property or equipment or reputation of SCF

1 – Low = Minor / non-disabling injury / Insignificant or no damage to property or equipment

**LIKELIHOOD**

3 – High = Once or more per day or per activity

2 – Medium = Once or several times per month

1 – Low = Once or a few times per year

**RISK RATING (Potential x Likelihood)**

9 & 6 = High

3 & 4 = Medium

1 & 2 = Low

**Reminders –** Check Insurance policies to ensure full coverage & send a copy of this form to the charity the event is in aid of.