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

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

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| **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** |
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| **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.

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