

RISK ASSESSMENT FORM for EVENTS

Name of Event:-				PERSONNEL AFFECTED - KEY					
				Public Stewards	P S	Young People Volunteers	YP V	Contractors	C
Location:				RISK RATING					
				Severity			Likelihood		
Date of Event:-				Fatality, disabling injury, etc.		5	Almost certain		5
				Major Injury or illness		4	Very likely		4
Completed by:-				3 day' injury or illness		3	Likely		3
				Minor Injury or illness		2	Unlikely		2
ALL PREVENTATIVE ACTION/CONTROL TO BE IN PLACE BY DATE OF EVENT				First aid injury or illness		1	Very unlikely		1
				No injury or illness		0	zero to very low		0
Activity	Personnel Affected	Identified Hazards	Risk (Severity x Likelihood)		Planned Preventative Action/Control	New Risk Rating (Severity x Likelihood)		Name of Person Responsible	

ALL PREVENTATIVE ACTION/CONTROL TO BE IN PLACE BY DATE OF EVENT

Activity	Personnel Affected	Identified Hazards	Risk (Severity x Likelihood)		Planned Preventative Action/Control	New Risk Rating (Severity x Likelihood)		Name of Person Responsible