|  |  |
| --- | --- |
| Date of assessment: | **2.0 Assessed by (job title / name):** |
|  |  |
| 2.1 Ref number: | 2.2 – Other personnel involved with assessment: |
|  |  |
| **2.3 Address / site:** |  |
| **3.0 Activity to be assessed (or scenario):** |
|  |
| **4.0 Identification of those at risk:** | **A)****B)****C)** | **4.1 Line manager / class teacher (if appropriate)**  |  |
| **5.0 Harm / hazards which could or has occurred to those at risk (include detail regarding activity at the time)** | A)B)C)  |
| **6.0 What have you already done to control those risks and have those controls worked? (detail via bullet points)** | **7.0 What else should you do to control those risks – who is responsible and when by?** |
|  |  |
| **7.1 What is the level of risk after all controls possible have been put in place? (HIGH/MED/LOW)** |  |
| **8.0 Is this a safeguarding risk – if so, please describe:**  |  |
| **9.0 Additional notes as required:** |  |
| **10.0 This risk assessment will be communicated to – and how – and when:** |  |
| **11.0 Risk Assessment signed off by (job title / name and signature):** |  |
| **12.0 Date of assessment sign off:** |  |
| **13.0 Review dates:** |  |  |  |  |