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| S i t e R i s k A s s e s s m e n t F o r m |
| Task/Activity:Site location:Prepared by: Date: |
| LOCAL HAZARDS APPROPRIATE TO THE SITE ON WHICH ACTIVITY IS TAKING PLACE Refer to page 5 (Part 1) of H&S support pack. Also consider volunteer’s abilities. |
| Hazard | Possible outcome | Persons at risk | Risk levelLow Med High | Control measures | Who is responsible? |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| THESE HAZARDS MUST BE REASSESSED JUST BEFORE THE ACTIVITY TAKES PLACE. |
| Generic risk assessment forms applicable: |
| Activity risk assessment forms applicable: |

**NOTE**: This form must be sent to the relevant Area Coordinator at least two weeks in advance of your planned activity for sign off.