**Activity: Date of first risk assessment:**

**Location: Time/frequency:**

**Name of leader with responsibility: Date to be reviewed:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Do you need to do anything else to manage this risk?** | **Action by whom?** | **Action by when?** | **Done** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |