**WI Name:** **Date of assessment:**

**Venue or event/activity:**  **Assessment carried out by:**

|  |  |  |
| --- | --- | --- |
|  |  **Assessment of Risk** |  |
| **Activity** **or****Feature causing risk**  | **Description of Hazard** | **Likelihood of it Happening** 1-3 1. Unlikely 2. Fairly likely 3. Likely  | **Consequences if it Happened** 1-3 1. Low – need first aid 2. Medium – need medical assistance (broken bones, stitches etc) 3. High – Death, paralysis etc | **Risk Level** Likelihood x Consequences = risk level | **Actions Required** Actions undertaken to reduce the risk and who undertook the actions. (insert initials) |
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|  | **Risk Remaining after action has been taken to reduce it** |
| **Measures in place to control risk** | **Further action needed to reduce risk** | **Probable Likelihood**1-3 | **Potential Consequence**1-3 | **New Risk Level** Probable Likelihood x Consequence = New Risk level |
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**Monitoring Required: Signed: Date:**

**Date of next review:**