|  |  |  |
| --- | --- | --- |
| **Youth Cymru Logo NEW JPEG** | **RISK ASSESSMENT FORM** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **ACTIVITY:**  | **Activity Leader:**  |
|  |  |  |
|  | **Assessment by:**  | **Date:**  | **Target Date for review:**  |
| **Approved by:**  |  | **Position:**  | **Date:**  |
| **Significant Hazards and Associated Risks**Those hazards which may result in serious harm or affect several people | **Those who might be harmed**Persons at risk from the significant hazards identified | **Initial Risk Rating****(H/M/L** | **Control Measures(CM’s):**Controls, including relevant sources of guidance(e.g. Generic Risk Assessment, CSF Offsite Visits Manual, Guidance from Provider, etc.). Specific CM’s not included in the generic RA (e.g. briefings, actions by leaders / participants, qualifications / experience of supervisors) | **Additional CM’s required?**If existing CM’s cannot be met or circumstances have changed | **Residual Risk Rating**(**H / M / L**) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **REVIEWS:** |
| **DATE OF REVIEW** |  | **REVIEWED BY:** | **COMMENTS** |
| **DATE OF REVIEW** |  | **REVIEWED BY:** | **COMMENTS** |
| **DATE OF REVIEW** |  | **REVIEWED BY:** | **COMMENTS** |