WEST KENT FEDERATION OF WOMEN’S INSTITUTES

**Registered Charity No 1188341**

***For WI use only***

**RISK ASSESSMENT FORM FOR ACTIVITIES AND EVENTS**

**To be completed for every Activity / Event / Workshop**

**Activity / Event / Workshop**

**Date of Assessment / Inspection**

**Venue**

**Carried out by**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Description of Hazard | Assessment of Risk | | |
| Likelihood 1-3  1. Unlikely  2. Fairly likely  3. Likely | Consequence if it happened 1-3  1. Low – need first aid  2. Medium – need medical assistance  3. High – death, paralysis | Risk Level  Likelihood x consequences = risk level |
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|  |  |  |  |  |
| 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

*A copy of this form must be retained on file by the Sub-Committee*