**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:**