RISK ASSESSMENT template

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| Brief description of activity | Brief description of rationale for physical attendance | Names of staff, volunteers and others involved |
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| 1. **Covid related risks of transmission and impacts**
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| Risk issues | Those at risk | Controls/ mitigations (amend & add as required) | Note on adoption and additional actions | Responsibility | Done |
| Minimising attendance numbers | Staff, volunteers, contractors, attendees and others | *
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| General Covid risk awareness & management | UK population |  |  |  |  |
| Vaccination status (transmission risk), vulnerabilities and welfare | Staff, volunteers, contractors, attendees and others |  |  |  |  |
| Infection risk | Staff, volunteers, contractors, attendees and others |  |  |  |  |
| Travel to site | Staff, volunteers, contractors, attendees and others |  |  |  |  |
| Personal equipment: Masks/ face coverings and sanitisers | Staff, volunteers, contractors, attendees and others |  |  |  |  |
| Requirements of sites visited | Staff, volunteers, contractors, attendees and others |  |  |  |  |
| Other issues |  |  |  |  |  |

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| 1. **Non-Covid risks management**
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| Risk issues | Those at risk | Controls/ mitigations (amend & add as required) | Note on adoption and additional actions | Responsibility | Done |
| Risks identified might include manual handling, trip hazards, equipment risks, lone or late-night working as examples – please indicate where no other risks identified.  |
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**Prepared by:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_. Signature:

**Approved by:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Role: Date : . Signature: