RISK ASSESSMENT WIZARD

Risk Assessment Title: _____

Organization Name: _____

GROUP DETAILS

IN AN EMERGENCY CALL:

Group Leader:	**Group Phone:**
Other staff:	
Group Participants:	**No. of Participants:**
First Aid Provision: .	

ACTIVITY DETAILS

Purpose of Activity:	**Date of Activity:**
Activity Summary:	
Benefit of Activity:	
Site Details:	

RISK ASSESSMENT WIZARD

Risk Assessment Title: _____

Organization Name: _____

HAZARDS

HAZARD	RISK	RISK BENEFIT	MEASURE	RISK TO	LEVEL
			Person Responsible:		
			Person Responsible:		
			Person Responsible:		
			Person Responsible:		
			Person Responsible:		
			Person Responsible:		

RISK ASSESSMENT WIZARD

Risk Assessment Title: _____

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NOTES

Extra notes & activity evaluation:

_____	_____	_____	_____
Completed by	**Reviewed/Approved by**	**Risk Assessment Date**	**Review Required Date**