WI Name: Date of assessment:

Venue/event: Assessment carried out by:

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| --- |
| **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 happens (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** |
| *EXAMPLE 1 (activity):**Cutting silver wire* | *Small pieces of wire could fly into eye* | *1* | *2* | *1 x 2 = 2* |
| *EXAMPLE 2 (venue):**Poor lighting on path to venue* | *WI members could trip or fall in the dark* | *2* | *2* | *2 x 2 = 4* |
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**MAKING THE EVENT SAFER / REDUCING THE RISK**

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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 Consequences = New Risk Level** |
| *EXAMPLE 1 (activity):** *Wearing protective goggles*
* *Safety advice from tutor*
 | *None* | *1* | *1* | *1 x 1 = 1* |
| *EXAMPLE 2 (venue):** *All members warned about poor lighting*
* *Members advised to use torches or lights on their mobile phones*
* *The WI keeps a torch at the venue for those who do not have their own*
* *WI has spoken to venue about lighting*
 | *None* | *1* | *1* | *1 x 1 = 1* |
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Signed: Date: