WI Name: Date of assessment:

Venue/event: 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 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: