



## Risk Assessment Form

Risk assessment for (Activity): \_\_\_\_\_

Venue Address (If relevant)

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Assessment by (print name) : \_\_\_\_\_

Assessment date: \_\_\_\_\_ Signed \_\_\_\_\_

(Please add in extra rows below as required)

Significant Hazard	Potential injury	People at risk	Existing controls	Action needed	Priority	Review date

**Please return this form to Hope UK for validation and comment.**