|  |
| --- |
| **Event**: |
| **Date:** |
| **Location:** |
| **Group:** |
| **Group Leader:** |
| **Contact Address:** |
| **Phone:** |
| **Email:** |

Risk Assessment Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Possible risk** | **Prevention** | **Action to be taken to reduce risk** | **Responsibility** |
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