

**GENERAL RISK ASSESSMENT FORM
FOR EXTERNAL LETTINGS**

1. What is being assessed (task/activity)?

Title of event:
Name of Company/Group:
Date & Time:
Venue:
Other relevant information:

2. First Aid

Name of the nominated First Aider for the event:
Do they hold a minimum of a Basic First Aid Certificate?
Please confirm that you will bring your own First Aid Kit to each event:
Other relevant information:

3. What sort of harm can you foresee from this situation/activity?

4. Which individual or group(s) of employees or non-employees may be harmed? (tick all relevant)

Individual employee	<input type="checkbox"/>	Individual pupil	<input type="checkbox"/>	Contractors	<input type="checkbox"/>
Employees generally	<input type="checkbox"/>	Pupils generally	<input type="checkbox"/>	Members of public Parents.	<input type="checkbox"/>
Unpaid helpers/volunteers	<input type="checkbox"/>		<input type="checkbox"/>	Visitors	<input type="checkbox"/>

5. Is there any heightened risk to:				
New or expectant mothers (employees)		Unsupervised pupils		Anyone with a specific disability or medical condition

6. What other factors may contribute to the likelihood of any harm occurring?

7. What precautions or procedures are currently in place to make the harm less likely to happen?		
7a). Do you assess these measures as being adequate?	YES	NO
7b). If 'NO' what additional measures are necessary?		
Action required:	By Whom	By When

8. Risk Assessment Statement – Please tick ONE box only (completed by H&S Officer only)	
This activity/event can go ahead with no additional action(s)	
This activity/event can go ahead, but the additional action(s) identified in 7b) above must be undertaken within the timescales given.	
This activity/event is not to go ahead unless the additional action identified in 7b) above is in place.	

Name of Event Organiser:	Signature:	Date:
Name of Assessor:	Signature:	Date: