**Activity Risk Assessment**

#  **RISK ASSESSMENT MATRIX**

|  |  |  |
| --- | --- | --- |
|  | **Severity** |  |
| Multiple Single | Major | Injury | Minor |
|  |  |  |  |
| Death Death | Injury |  | Injury |

Certain

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Probable

 Possible **Likelihood**

Rare

 Very

Unlikely

Key to shading:

 **HIGH:** Level of risk is unacceptable

**MEDIUM:** Level of risk may be tolerable. Seek to reduce level of risk

**LOW:** Level of risk is acceptable

# **DEFINITION OF LIKELIHOOD CLASSES**

|  |  |
| --- | --- |
| **Certain** | Has happened before and is expected to happen on this occasion |
| **Probable** | Has been known to occur before and is likely to happen on this occasion |
| **Possible** | Has been known to occur before and may happen on this occasion |
| **Rare** | Has been known to occur before but no reason to suggest it willhappen on this occasion |
| **Very unlikely** | Has never happened before and there are no reasons to suggest it will happen on this occasion |

|  |
| --- |
| **Risk Assessor’s details****Name:** **Address:****Phone:** **Email:** **Signature:**  |
| **Club Site/Location/Venue:** **Phone Number:** **Email:** |
| **Activity Area Description (Comment on size of area needed, type of ground underfoot** |
| **Type of activity (Comment on what the activities involves, included limiting factors such as maximum number of participants and equipment used)** |
| **Assessment Review Date:**  |

***All activities should be governed by activity leaders in conjunction with the Normal Operating Procedures (NOP) and Emergency Action Plan (EAP). All p staff/volunteers and participants should be briefed in these procedures and any control measures.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task Undertaken:****Activity/area assessed** | **Hazards identified:****NB: Any serious or imminent danger will need a procedure** | **Person at risk i.e. coach, child, adult at risk, person with special needs** | **Current Risk:**(tick)**Low****Medium****High** | **Control Measures****(to manage/lower risk)****What will need to be put in place to ensure that this hazard and risk does not result in an accident and injury** | **Existing Controls** | **Additional control measures required** | **Target date:****for action by** | **Completed on:****(date and initial)** | **Residual Risk** (tick)**Low** **Medium****High** |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  |       |       |       |       |       | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |

***Note: It is neither necessary nor possible to ensure that all activities are entirely risk free. The controls established to manage risk must be used to structure the standard operating procedures for the activities.***