SPECIFIC RISK ASSESSMENT –							
If any boxes on the right can not be ticked, the visit should not go ahead.							
Setting Name							
Date of Visit	Time of Visit						
Location							
Visit Leader	No of Staff						
No of Children	No of Volunteers						
NO OF CHILDRETT	volunteers						

	CHECKLIST			
Parental Permission	Vehicle Insurance	Vehicle Insurance		
First Aider and Kit	Adult Ratio	Adult Ratio		
Mobile Phone Outdoor clothing				
Emergency contact book (incl.	Nappies/nappy bag	gs/wipes/		
parents contact no's) sun cream				
Emergency Plan/Procedure	Lost child policy/ pr	Lost child policy/ procedure		
Register	gister Specific Equipment Medication etc			
Suitability (on the day): Do you nee (see below)	Yes	No		
Are all policies and procedures up t (including safeguarding camera use, C	Yes	No		

PROMPT	HAZARD	WHO AT RISK	CONTROL MEASURES	TICK IF ALL IN PLACE

ALTERNATIVE ACTIVITIES, PLAN B - Re	member, alternative activities	also need risk asssessments either prior to the visit if possible or immediate	ely upon arrival and ongoing throughou	ıt				
HAZARD	WHO IS AT RISK	CONTROL MEASURES	WHAT FURTHER ACTION IS NEEDED?	TICK IF ALL IN				
			19 NEEDED (	PLACE				
ON-GOING RISK ASSESSMENT. Ren	nember to assess the risks	on the day and during the activity, many factors can change. Have	an alternative activity (plan B) avail	able and				
risk assessed in case it is needed (see	above). Do not hesitate to	alter or abandon the activity if the risks on the day become unaccep	table.					
<b>EMERGENCY PLANNING</b> . What are y	our arrangements for deali	ng with an accident or serious incident?						
SHARING RISK ASSESSMENT INFORMATION. How will you share risk assessment information with staff involved:								
Risk Assessment carried out by:		Position:						
Non Assessment camed out by.								
Signed:		Date:						