

Risk Assessment

The following risk assessment must be completed by the training provider or a relevant and responsible person ahead of the training or event. Please give as much detail as possible and make sure other people delivering the event have seen and understood it.

Provider Name:	
Trainer/Instructor Name:	
Event/Training title:	
Event/Training date/s:	
Event/Training location: (full address, including postcode)	
Event/Training details and description:	
Emergency Services meeting point:	
Nearest A&E hospital, including address:	
Is there a first aider on site? If yes, give details:	
On site contact name and number for during training:	

Risk Assessment

Please list activities and tasks taking place during the training and event, ALL hazards/risks that may apply, the level of risk/likelihood and what measures are in place to minimise risk.

Level of risk / Likelihood				
1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic

Activity/ Task	Description of hazard/risk	Potential outcome of hazard/ risk	Person(s) at risk	Existing control measures (What is currently in place to avoid risk)	Level of risk (1 – 5)	Likelihood (1 – 5)	Additional control/ precautionary measures required and by whom
<i>e.g. Farm tour</i>	<i>e.g. Tractor and machinery in use</i>	<i>e.g. Injury to</i>	<i>e.g. Trainees, farm staff</i>	<i>e.g. Health and safety briefing on arrival, designated pathways, appropriate signage, trainer accompanying group at all times</i>	5	2	<i>e.g. extra 'welcome' signage</i>

Risk Assessment

Activity/ Task	Description of hazard/risk	Potential outcome of hazard/ risk	Person(s) at risk	Existing control measures (What is currently in place to avoid risk)	Level of risk (1 – 5)	Likelihood (1 – 5)	Additional control/ precautionary measures required and by whom

Please copy/print more of pages 2 and 3 to list more activities/tasks and related hazards.

Risk Assessment

Public Liability Cover

Insurance Providers	
Policy Number	
Value of Public Liability Cover	
Expiry date of policy:	

Please include any additional information about the training/venue/ training provider that you wish to keep on record:

Additional Information:	
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By signing the below, the training provider/host/relevant person agrees that all information provided above is correct and that all appropriate health and safety measures have and will be adhered to during the training event:

Name:		Signature:		Date Completed:	
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