**Risk Assessment Form - Sample**

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| Club/event: |  | Date of inspection: |  |
| Assessor/s: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Hazard | Likelihood  (L) | Impact  (I) | Risk  (LxI) | Control measures/comments/recommendations/action required – responsible person | Controls  In Operation | Rating After Controls |
| **Hall and Environment** | **e.g 3** | **1** | **3** | **e.g. Full Fire Alarm System**  **Heating and ventilation**  **Noise and distractions** | **Hall is for sole purpose of activity no distractions** |  |
| **Mats and Equipment** | **e.g. 2** | **1** | **2** | **e.g. Access to mat spaces clear and free of hazards**  **Ratio of practitioners to area available**  **Safety Zone around mats** | **100 mats with 30 participants – sufficient mat area provided.** |  |
| **Staff and Students** | **e.g. 3** | **1** | **3** | **e.g. Qualifications and DBS of Coach**  **Number and ability of students**  **Injured students** | **One student has a disability so differentiation in technique** |  |
| **First Aid and Student Welfare** | **e.g. 3** | **3** | **9** | **e.g Qualified First Aider on site – Fully Equipped** | **Have had to recruit First aider as none was available** |  |
| **Activity and Risk** | **e.g. 3** | **1** | **3** | **e.g. Required Breakfalls**  **Possibility of Overload** | **High-risk sessions so grade restricted to 1 Kyu and above.** |  |

Signatures of assessor/s: ………………………………………………………………………………………………………………………………...………

**Note:** For a BAA-authorised event, the completed form must be forwarded to the BAA General Secretary within 14 days of the start date of the event.