

Enclosure: Dec 2023/Jan 2024

NFWI risk assessment form

WI Name:

Date of assessment:

Venue or event/activity:

Assessment carried out by:

		<u>Assessment of Risk</u>			
Activity or Feature causing risk	Description of Hazard	Likelihood of it Happening	Consequences if it Happened	Risk Level	Actions Required
		1-3 1. Unlikely 2. Fairly likely 3. Likely	1-3 1. Low – need first aid 2. Medium – need medical assistance (broken bones, stitches etc) 3. High – Death, paralysis etc	Likelihood x Consequences = risk level	Actions undertaken to reduce the risk and who undertook the actions. (insert initials)

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		<u>Risk Remaining after action has been taken to reduce it</u>		
Measures in place to control risk	Further action needed to reduce risk	Probable Likelihood 1-3	Potential Consequence 1-3	New Risk Level Probable Likelihood x Consequence = New Risk level

Monitoring Required:

Signed:

Date:

Date of next review: