

# RISK ASSESSMENT AND MANAGEMENT FORM



<b>Name/Group:</b>		<b>Date:</b>		
<b>Location:</b>		<b>Co-ordinator's Name:</b>		
<b>Activity:</b>		<b>No. of leaders:</b>		
<b>Analysis</b>		<b>Description</b>		
<b>Risks</b> Accident, injury, damage and other forms of loss				
<b>Casual Factors</b> Hazards, perils, dangers		<b>People</b>	<b>Equipment</b>	
		<b>Environment</b>		
<b>Risk Management</b>	Normal Operations			
	Emergency			
<b>Team conversation feedback and skills needed for event to be conducted safely</b>				
<b>Final Decision</b> on implementing activity		<b>Form completed by:</b>		
		<b>Date:</b>		
		<b>Choose one:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		<b>Approved by:</b>		
<b>Position:</b>		<b>Date</b>		