

Risk Assessment Form for Activators

Venue:			Location of first-aid kit:	
Address:			Stocked and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group:			Location of first-aider:	
Date:			Location of telephone:	
Time:			Location of toilets:	
Participants	Number:		Location of changing rooms:	
	Age range:		Venue contact:	
	Ability:		Name:	
Your name:			Telephone number:	
Venue documents read and understood? (Please ✓ appropriate box)		Normal Operating Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional notes:	
		Health and Safety Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Emergency Action Plan (EAP) <input type="checkbox"/> Yes <input type="checkbox"/> No		

	Name	Signature	Date
Person conducting risk assessment:			

