Most recent update: 09 September 2025

**Course Risk Assessment**

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| --- | --- | --- | --- | --- | --- |
| Course name |  | Venue address |  | Date of Risk Assessment |  |

|  |  |  |
| --- | --- | --- |
| How often will the course/activity run? (✓) | How many people are or may be directly involved in the course/activity? | How many people are or may be directly affected by the course/activity? |
| Hourly | Daily | Weekly | Monthly | Other (state) |  |  |

**The following hazards are associated with this course/activity (✓):**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Electrical appliances |  | Machinery |  | Use of hand tools |  | Personal safety |  | Display screen equipment |  | Health/medical condition |  |
| Portable equipment |  | Hazardous substances |  | Manual handling |  | Online safety |  | Slip, trip, fall |  | New/expectant mothers |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What are the hazards? | Who might be harmed and how? | What are you already doing to control the risks? | What further action do you need to take to control the risks? | Who needs to carry out the action? | When is the action needed by? | Has the action been completed? |
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**Review this Risk Assessment if circumstances change during the course, e.g. if a learner develops a medical condition, the room changes etc.**

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| --- | --- | --- | --- | --- | --- |
| Risk assessment completed by (name): |  | I confirm that all outstanding actions have been completed. Signed: |  | Date: |  |