**Visit or Activity Risk Assessment**

Most recent update: 09 September 2025

|  |  |  |  |
| --- | --- | --- | --- |
| Visit/Activity |  | Number of participants on visit/activity |  |
| Leader in charge of visit/activity |  | Number of staff involved in visit/activity |  |
| Date of check |  | Carried out by |  |

**Identification Of Hazards**

Consider all activities taking place and tick the boxes of significant hazards that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weather |  | Physical activities |  | Medical arrangements |  |
| Transport |  | Behaviour and conduct |  | Safeguarding |  |
| Clothing |  | Supervision |  | Accidents |  |
| Equipment |  | Accommodation |  | Accessibility |  |
| Other (specify) | | | | |  |

**Examples Of Hazards And Control Measures To Be Considered**

|  |  |
| --- | --- |
| Hazard | Control measures |
| Weather | Weather forecast checked where appropriate and activities amended where necessary |
| Transport | Council guidance on transport in private cars, minibuses, and public transport followed |
| Clothing | Guidance given on appropriate clothing including weatherproof clothing / appropriate footwear |
| Equipment | Special equipment checked and appropriate to the activities and location |
| Physical activity | Assess *Readiness for Physical Activity* checklist of participants |
| Behaviour/conduct | Agree standards of behaviour and conduct |
| Supervision | Parental permission in place (as appropriate)  Appropriate ratio of supervisors to participants  All Supervisors briefed on duties |

|  |  |
| --- | --- |
| Accommodation | Pre-checked accommodation as suitable using CW&C Adult Education  Health and Safety Offsite Venue Checklist completed |
| Accessibility | Terrain to be tackled, accessibility of buildings to be visited.  Location of accessible toilets recorded. |
| Medical arrangements | Participant medical needs known and medications with dosage centrally kept (if appropriate) |
| Accidents | Trained First Aider available  Access to basic first aid equipment  Emergency contacts taken  Access to mobile telephone for emergency use |
| Safeguarding | Appropriate levels of supervision  DBS check for any volunteers/staff supporting the activity |

**For all hazards identified above complete the following risk assessment**

copy table below as required

Risk 1

|  |  |  |
| --- | --- | --- |
| Hazard |  | |
| Control measures to be put in place |  | |
| Who will take action? | When will action be taken? | Date action completed |
|  |  |  |

Risk 2

|  |  |  |
| --- | --- | --- |
| Hazard |  | |
| Control measures to be put in place |  | |
| Who will take action? | When will action be taken? | Date action completed |
|  |  |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Checked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_