

Visit/Activity Risk Assessment

Most recent update: 02 April 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 <i>Readiness for Physical Activity</i> 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 _____