**Course Risk Assessment 2025/2026**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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) |  |  |

**Tick the hazards that are associated with this course/activity (🗸) and add them to the hazard description below:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Electrical appliances |  | Machinery |  | Use of hand tools |  | Personal safety |  | Display screen equipment |  | Other |  |
| Portable equipment |  | Hazardous substances |  | Manual handling |  | Online safety |  | Slip, trip, fall |  |  |  |

**Hazard description and action taken:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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?** |
| Fire |  |  |  |  |  |  |
| Data Protection |  |  |  |  |  |  |
| Hygiene and Comfort |  |  |  |  |  |  |
| Environment |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Add further rows as necessary** |  |  |  |  |  |  |

**Risks to Individual Learners, e.g. learning difficulty/disability, mobility, pregnancy etc.:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Add further rows as necessary** |  |  |  |  |  |  |

**Review this Risk Assessment if circumstances change during the course, e.g. if a learner develops a medical condition, the room changes etc.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Assessment Completed by (name):** |  | **Signature:** | **I confirm that all outstanding actions have been completed** | **Date:** |  |

**Control Measures Available**

**Suggested prompt list**

Primary controls: Substitution, elimination, design the risk out

Secondary controls – for example:

* Written instructions/Signage
* Awareness raising with learners
* Furniture spacing
* Restricted access/one way access
* Rubber flex guards, floor tape
* Protective clothing/equipment
* Security equipment
* Detailed maintenance schedule (PAT testing sticker)
* Emergency contact details
* Mobile phones
* Other

**How to rate a risk associated with an identified hazard**

Method:

1. Identify the hazard
2. How likely is the risk associated with the hazard going to occur on a scale of 1 to 3?
3. If the risk did occur, how severe would the result be on a scale of 1 to 3?
4. Multiply one by the other to give you a risk rating and help you to prioritise the risks
5. See table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood/frequency of exposure to risk** | | **Possible outcome/magnitude**  **of event** | | **Risk Rating (frequency x magnitude)** | **Priority** |
| **Likely/often** | **3** | **Death/building and contents loss** | **3** |  | **High** |
| **Possible/occasional** | **2** | **Lost time, injury/repairs** | **2** |  | **Medium** |
| **Virtually nil** | **1** | **Slight injury/damage** | **1** |  | **Low** |
| **EG A risk with a possible likelihood of occurring, which would result in a slight injury, would be 2 x 1 giving a rating of Low.** | | | | | |