

Risk Assessment

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| School: | Name: | Date: | |
| Review Date: | Signature of SLT: | Signature of Parent/Carer | |

| Types of Hazard(s) identified (assuming no controls) | Who might be harmed and how | Likelihood (1, 2 or 3) | Severity (1, 2 or 3) | Risk Rating (H, M or L) | What are you already doing? | Do controls reduce the risk to an acceptable level? |
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| Assessors Name: | Assessors Signature | Date: |
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Risk assessment Action Plan

| Hazard | Do you need to do anything else to control this risk? | To be actioned by: (name of person) | Date to be done by: | Checked and signed off by: | Date: |
|---|---|--|---|----------------------------|---------------------|
| Example: Angry pupil lashing out at staff and pupils. | Example: Behaviour support plan/5A plan to be completed and shared or staff require physical intervention training. | Example: Class Teacher | Example: No later than xx/xx/xxxx | Signature and name | (xx/xx/xxxx) |
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