

Risk Assessment

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 ow	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?

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)