

 **Archdiocese of St Andrews and Edinburgh**

**Risk Assessment Checklist**

**for Activities and Places**

**Group Name:** **…………………………………………………………………………………**

 **Group Leader: …………………………………………………………………………………**

**Date of Trip (if appropriate): …………………………………………………………………………………**

**Venue: …………………………………………………………………………………**

**Completed by: …………………………………………………………………………………**

**Signature: …………………………………………………………………………………**

**Date Completed: …………………………………………………………………………………**

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| **Access** | **Y** | **N** | **Comments** | **Referred To** |  | **Date** |
| Access well-lit/free from obstruction. |  |  |  |  |  |  |
| Paths clear/in good repair. |  |  |  |  |  |  |
| Is access across a car park? |  |  |  |  |  |  |
| Is the location close to a main road? |  |  |  |  |  |  |
| Doorways secure. You know who is coming in/going out. |  |  |  |  |  |  |
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| **Premises** | **Y** | **N** | **Comments** | **Referred to** |  | **Date** |
| Adequate lighting in all rooms/halls/access routes used by your group. |  |  |  |  |  |  |
| Passageways/stairs clear of obstructions. |  |  |  |  |  |  |
| Any slippery surfaces? |  |  |  |  |  |  |
| Signs indicating emergency exits/hazardous situations. |  |  |  |  |  |  |
| Mains electricity cupboard/heating system locked/inaccessible. |  |  |  |  |  |  |
| Fire exits clearly marked, free of obstruction, secure and easily opened. |  |  |  |  |  |  |
| Fire extinguishers/alarms clearly marked, accessible and in working order. |  |  |  |  |  |  |

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| **Premises** | **Y** | **N** | **Comments** | **Referred to** |  | **Date** |
| Phone accessible for emergencies and in working order. |  |  |  |  |  |  |
| No hazardous substances accessible. |  |  |  |  |  |  |
| Health & Safety Policy Statement displayed. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Hall/Room** | **Y** | **N** | **Comments** | **Referred to** |  | **Date** |
| Floor clean and clear. Covering in good repair. |  |  |  |  |  |  |
| Heaters off/guarded/otherwise made safe. |  |  |  |  |  |  |
| Chairs and furniture stacked/stored safely. |  |  |  |  |  |  |
| Electric sockets covered. |  |  |  |  |  |  |
| No hazardous substances/obstacles. |  |  |  |  |  |  |
| Safe for planned activities. |  |  |  |  |  |  |
| Do you know who is coming in/going out? |  |  |  |  |  |  |

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| **Equipment/Resources** | **Y** | **N** | **Comments** | **Referred to** | **Date** |
| Stored safely and securely. |  |  |  |  |  |
| In good repair. |  |  |  |  |  |
| Suitable for age group. |  |  |  |  |  |
| First Aid box clearly marked, accessible and equipped. Accident book accessible. |  |  |  |  |  |

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| **Toilets** | **Y** | **N** | **Comments** | **Referred to** | **Date** |
| Floor clean and clear. Covering in good repair. |  |  |  |  |  |
| Well lit. |  |  |  |  |  |
| Sufficient soap, paper towels, toilet paper. |  |  |  |  |  |
| No obstacles/hazardous substances accessible. |  |  |  |  |  |
| Water temperature safe.Hot water signs in place. |  |  |  |  |  |
| Baby changing facilities/stools for toddlers. |  |  |  |  |  |

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| **Kitchen** | **Y** | **N** | **Comments** | **Referred to** | **Date** |
| Children cannot access unattended. |  |  |  |  |  |
| Floor clean and clear. Covering in good repair. |  |  |  |  |  |
| Well lit. |  |  |  |  |  |
| Surfaces clear and clean. |  |  |  |  |  |
| No obstacles/hazardous substances accessible. |  |  |  |  |  |
| No overhanging flexes/sharp knives. |  |  |  |  |  |

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| **Other not already listed** | **Y** | **N** | **Comments** | **Referred to** | **Date** |
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