

SAMPLE RISK ASSESSMENT FORM

Completed by		Date		Activity/ Event	
Position		Organisation		Signature	

Hazard / Risk?	Potential impact/ consequence	Who is affected?	What is in place?	Likelihood of Risk: High / med / low	Further action?
Travel / Accommodation					
Sharing personal Information					

Hazard / Risk?	Potential impact/ consequence	Who is affected?	What is in place?	Likelihood of Risk: High / med / low	Further action?
Interactions / working with staff					
Presenting / attending meetings					


Hazard / Risk?	Potential impact/ consequence	Who is affected?	What is in place?	Likelihood of Risk: High / med / low	Further action?
Health and Wellbeing					
Financial issues					


Hazard / Risk?	Potential impact/ consequence	Who is affected?	What is in place?	Likelihood of Risk: High / med / low	Further action?
Personal safety					


We Matter, Value Us resources:
www.yplusglobal.org/resources/we-matter-value-us

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