



RISK ASSESSMENT AND MANAGEMENT FORM

CHILDREN AND YOUTH MINISTRY EVENTS

NAME/GROUP		DATE	
LOCATION		CO-ORDINATOR'S NAME	
ACTIVITY		NO. OF LEADERS	
EVENT DESCRIPTION			
RISKS Accident, injury, damage and other forms of loss		<i>Description (from worst case scenario...)</i>	
CASUAL FACTORS <i>Hazards, perils, dangers</i>		People	Equipment
			Environment
RISK MANAGEMENT	<i>Normal operations</i>		
	<i>Emergency</i>		
Team conversation feedback and skills needed for event to be conducted safely			
Final decision <i>on implementing activity</i>	Activity to go ahead? <i>Choose one</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Form completed by		Date
	Approved by		
	Position		Date