**UNITED BENEFICE OF MOUNTSORREL**

**RISK ASSESSMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | **???** | Date of Activity | **???** |
| Venue | **???** | Organiser | **???** |
| Hazard | Who is affected | Risk LevelL M H | What Controls are in place | Controlled Risk LevelL M H | Injury LevelL M H |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Assessment Completed on** | date | **by** | Your name | **signed** |  |