**UNITED BENEFICE OF MOUNTSORREL**

**RISK ASSESSMENT FORM**

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