



St Joseph's Youth '88 FC - RISK ASSESSMENT

Assessment No: _____

Title of Event / Activity		Date Prepared	
Date(s) of Event / Activity		Review Date	
Location of Event / Activity			
Name of Assessor			
Address of Assessor		Tel & Mobile No	

Event / Activity Being Assessed		Describe in more detail where this activity takes place:	
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Club Executive Committee Declaration (Not to be Signed Off until Risk Assessment is Completed)

Signature of Assessor Name (printed) Date

Position in Club: Tel: e-mail:

**THE ASSESSOR SHOULD NOW DELETE AS APPROPRIATE AND SIGN THE FORM*

***ACCEPTANCE:** I am satisfied that the activity may continue *** AN ACTION PLAN** is attached at Step 3

***PROHIBITION:** I am **not** satisfied that the **risk(s) identified are acceptable** without additional control measures being in place. I have therefore taken action to prevent the activity continuing.

Signature of Assessor Name (printed): Date:

Position in Club: Tel: e-mail:

Club Action Plans should contain the same details required in the Step 3 Action Plan.



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STEP 1 –How can people get hurt? Use this list as a check and add other items, unique to your club activity, if necessary. Step back and consider any other Hazards! Involve others as necessary.

HAZARDS

1. Access/Egress (Obstructions?)		11. Flammable Materials		21. Pressure Systems		How Else Can People Get Hurt (specify below)
2. Animals		12. Food Hygiene		22. Radiation (RF, Microwave etc) Radiation (radio-active sources)		31. Other Hazards – eg physical exertion, work near water etc
3. Asbestos		13. Hand Tools		23. Slipping, Tripping, Falling		
4. Audience Control		14. Hazardous Substances (CoSHH)		24. Storage (racks, shelves etc)		
5. Compressed Gas/Cryogenics (Storage & Use)		15. Heights (inc ladders, scaffolding)		25. Transport (forklift trucks, vehicles, tractors etc)		
6. Confined Spaces		16. Lifting Equipment		26. Violence (attack and public disorder)		
7. Construction Work		17. Lone Working		27. Weather (hot/cold/lightening etc)		
8. Display Screen Equipment (DSE)		18. Manual Handling		28. Working Environment (inc Temporary Workplaces)		
9. Electricity (inc portable appliances)		19. Noise Exposure - (Equipment/Music/Headphones)		29. Working Patterns / Work organisation		
10. Fire (building fire safety)		20. Office Equipment		30. Workshop Equipment		

Groups Particularly at Risk:

The presence of any of the following groups may affect the level of risk (due to vulnerability, lack of knowledge etc) associated with the hazards you have identified above. Extra safety controls may be necessary. Indicate all the groups relevant to this risk assessment.

Children and young persons (ie aged below 18) –identify child protection measures inc. supervision and unauthorised access		Contractors / Sub-contractors	
Pregnant Women and Nursing Mothers		Individuals with disabilities or medical conditions	
Adult Club Members		Members of the Public	
Executive Committee / Sub Committee Members / Team Managers & Coaches		Other (please specify)	



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STEP 2 – Transfer the details of the hazards identified in Step 1.

Now assess the risks from the hazards identified on the previous page by completing the form below. (Copy this page as many times as necessary to assess all of the hazards)

What could cause HARM? (List here the things you have noted on the previous page)	WHO might be Harmed and HOW? (Always give particular consideration to people with special needs)	EXISTING CONTROL MEASURES What do you do already to stop these people getting hurt?	Existing Risk* High/Medium/Low (See Table 1 to help you)	FURTHER ACTIONS REQUIRED (Yes/No)



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Table 1 Classification of Risk

Risk Analysis/Priority of Action Matrix

SEVERITY	LIKELIHOOD				
	1 Very Unlikely <i>(freak even – no known history)</i>	2 Unlikely <i>(Unlikely sequence of events)</i>	3 Possible <i>(Foreseeable under unusual circumstances)</i>	4 Likely <i>(Easily foreseeable- odd incident may have occurred)</i>	5 Very Likely <i>(Common occurrence – aware of incidents)</i>
1 Negligible <i>(No visible injury – no pain)</i>	Low	Low	Low	Low	Low
2 Slight <i>(Minor cuts, bruises – no long term effects)</i>	Low	Low	Low	Medium	Medium
3 Moderate <i>(Heavy bruising, deep flesh wound. Lost time accident)</i>	Low	Low	Medium	High	High
4 Severe <i>(Lost time accidents and major injuries)</i>	Low	Medium	High	High	High
5 Very Severe <i>(Long term disability or death)</i>	Low	Medium	High	High	High

Distribution of Significant Findings

St Joseph's Members				Others/Contractors			
Name	Designation	Home Tel No	Mobile No	Name	Designation	Home Tel No	Mobile No

Ensure that the significant findings of the risk assessment are communicated the appropriate people who may be affected by the activities