



RISK ASSESSMENT FORM FOR VISITS, HOLIDAYS & ACTIVITIES

PART A (To be completed before event)

Visit/Holiday/Activity: _____

Venue (address): _____

Date(s): _____

Age Group(s): Anchor Section Junior Section Company Section Seniors Amicus

Number of children/young people: _____ **Number of leaders:** _____

Possible Hazards: _____

(Continue on additional sheet if necessary)

Precautions Taken: _____

(Continue on additional sheet if necessary)

	Yes	No	Initial/Date
Are Current Brigade Regulations being met (see Safety Handbook)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the Regional Headquarters been notified of holiday/expedition <i>(if applicable)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the local Fire Brigade been made aware of the holiday venue <i>(if applicable)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does Brigade Insurance Policy provide sufficient cover for the activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have Parental Consent Forms been completed for any overnight OR hazardous activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is First Aid provision in place <i>(if applicable)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Please initial and date when each condition is satisfied)

Signed: _____

Name: _____

Date: _____

Position _____

PART B (To be completed after event)

Review Notes: _____

Signed: _____

Name: _____

Date: _____

Position _____