01.01a Ger	ieric risk	assessment	form
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Date:			



## The Lymington Centre Pre-School Risk Assessment Form

Location: Pre-School Room and Garden Number of students/ staff taking part: Risk assessment completed by:		Date /Time of activity:  Type of activity carried out :  First aid staff:																
									Date assessment	completed:								
									Potential Hazard/ Risks  What are the hazards and associated risks?	Who Could Be Affected? Who might be harmed by hazards?	Control Measures in Place, existing- What are you already doing?	Additional Control Measures Required- Further action to be taken  What further action is necessary?		Person/s Responsible for Actions Required	Date/s Actions Required And completed	Likelihood	Severity	Risk
						·												
Signature of Assessor Signature of Assessor		1	Date of Assessn  Review Date:		sment:		1											

NB: Providing the control measures identified are complied with then the assessor considers the risk/s to be acceptable and safe for the users of the centre.

Please note, this is the template we use and not a completed version. This is a working document which gets updated continually.