



QPT ACTIVITY RISK ASSESSMENT FORM

Venue:

Name and of person doing check:

Role in QPT:..... Date of check:

ACTIVITY AREA

Check that the area and surroundings are safe and free from obstacles.

Is the area fit and appropriate for activity?.....Yes ☐ No ☐

(If no, please outline the hazard, who may be at risk and action taken, if any.)

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EQUIPMENT

Check that it is fit and sound for activity and suitable for age group/ability.

Is the equipment safe and appropriate for activity?Yes ☐ No ☐

(If no, please outline unsafe equipment, who may be at risk and action taken, if any.)

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PARTICIPANTS

Are participants appropriately attired and safe for activity? Yes ☐ No ☐

(If no, please outline unsafe equipment/attire and action taken, if any.)

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EMERGENCY POINTS

Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.

Are emergency access points checked and operational? ...Yes ☐ No ☐



(If no, please outline the issues and action taken, if any.)

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Is a working telephone available? Yes ☐ No ☐

(If no, please outline the issues and action taken, if any.)

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SAFETY INFORMATION

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff have access to information relating to health and safety.

Are emergency procedures published and accessible to those with responsibility for sessions? Yes ☐ No ☐

(If no, please outline what information is missing and action taken, if any.)

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Does QPT need to take any further action? (If yes, please specify.)

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SIGNED: DATE:

Name: