Risk Assessment Form
Health, Safety and Safeguarding
Sacred Heart and Mary Immaculate Mill Hill

Event/Activity	**(Indicate whether one-off or ongoing)**			
Event Date/Times		**Start time:**	**Finish time:**	
Location/Route:				
Assessment completed/ countersigned:	**NAME, ROLE, Mobile no:** **SIGNATURE:**		**NAME, ROLE, Mobile No.:** **SIGNATURE:**	
Assessment Date & information:	**Date:**	**Deputy:**	**Additional Helper(s):**	**First Aid/Emergency Arrangement:**

Specific activity and level of risk? (High/Medium/Low)	What is/are the anticipated risk(s). EG. Who might be harmed and how?	What are you already doing to mitigate the risk(s)?	What else do you need to do to further mitigate/manage this risk?	Who will do this?	When will this be done?	Date completed?

Any other relevant information: