|  |  |  |  |
| --- | --- | --- | --- |
| **T****HE ROTARY CLUB OF**  **RIBI – DISTRICT 1220** | | | |
| **CLUB HEALTH & SAFETY RISK ASSESSMENT FORM** | | | |
| **Name & Location of the Event** |  | | |
| **Date of Event** |  | **Date of the Assessment** |  |
| **Risk Assessor** |  | **Persons at risk** |  |

|  | **List Significant Hazards**  **(What might cause harm)** | **Risk**  **(What harm might be caused)** | **RISK HIGH MEDIUM LOW** | **List existing control measures.** | **Covid Risk**  **control measures** | **Who will action**  **(Initials)** | **When to be actioned by?** | **Date Completed**  **& Initials** | **Review / Update Controls & Sign.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Important Notes to be completed:-**

|  |  |  |
| --- | --- | --- |
|  | Are the activities of this event covered by the standard RIBI Insurance Policy? (see current “Insurance Guide” and current “Confirmation of Insurance - Public Liability”, both documents are available on the RIBI website in the “Downloads Library”).  If No, take action to ensure appropriate cover, i.e. **Consult RGBI Alcester (01789 765411)** | **Yes / No** |
|  | Is a DBS check required for any aspect of the activities?  [see current “RIBI Protection Policy” available on RIBI Website *(My Rotary - Club & District Support - “Compliance”)]* | **Yes / No** |
| If yes confirm that action has been taken. | **Yes / No** |

**Summary of specific or pertinent warnings to be given at start of the event (Safety Briefing):**

**Signed……………………………………..Risk Assessor Signed:…………………………………………Event Organiser**

**Print Name..............................................Risk Assessor** **Print Name……………………………………..**

**Date………………………………………… Date…………………………………………….**

**RA Review Date by Health & Safety Officer………………………** **Date Approved by Club Council & Filed ………………………**

**Actions required by Review (Record basic details?)......... ….. Date Actions Completed………… Signed ……...................**

**NOTE: Please remember that a Risk Assessment will only be effective if the controls and actions are communicated to the people who are responsible for carrying them out. It is strongly recommended that the Risk Assessment is ‘sent’ to all involved, well before any event. An Event Plan created by the event organiser, is the best way to start the RA process.**

**Use Rotary District 1220 “Risk Assessment Matrix” to Define “High: Medium: Low:” Risk Assessment for column Four of this document.**

**Ensure the Risk is LOW or put in place other hazard reduction measures!**