

SAMPLE RISK ASSESSMENT FORM

Business Name: _____	
Address: _____ _____	
Postcode: _____	Tel.Number _____

Child's Name _____	Job Title _____
Place of Employment _____	
Main Duties _____	

Training/Advice given:-

Safety Policy	YES / NO
Parental Responsibilities	YES / NO
Safety Documentation/Literature	YES / NO
Key Safety People	YES / NO
Safe Working Systems	YES / NO
Manual Handling	YES / NO
Housekeeping	YES / NO
Nature & Layout of the Work Area/Prohibited Areas	YES / NO
Machinery Which MUST NOT be Operated	YES / NO
Machinery Which Can be Operated	YES / NO
Dangerous Substances	YES / NO
Personal Protective Equipment	YES / NO
Safety Equipment	YES / NO
Personal Hygiene	YES / NO
First Aid	YES / NO
Accident Reporting	YES / NO
Emergency Procedures	YES / NO
Smoking, Drugs and Alcohol	YES / NO

Please list any risks/hazards that have been identified and the measures taken to avoid or adequately control them. Pay particular attention to the child's working environment.

<i>Risk/Hazard</i>	<i>Measures taken</i>
1.	
2.	
3.	
4.	

Date of assessment _____ Assessed by _____