**UNIVERSITY OF NOTTINGHAM - RISK ASSESSMENT FOR TEAM AWAY DAYS OR SIMILAR**

|  |  |
| --- | --- |
| ACTIVITY ORGANISER:NAME: | LOCATIONS AND EXTRENAL PROVIDERS INVOLVED: |
| ORGANISER CONTACT DETAILS | RISK ASSESSOR(S): |
| NUMBER OF PARTICIPANTS:  | DATE OF ACTIVITY: |
| LIST OF PARTICIPANTS(SEE SEPARATE TABLE) | TRANSPORT ARRANGEMENTS TO & FROM THE ACTIVITY COURSE: |
| ARE THE POTENTIAL MEDICAL CONSTRAINTS OF PARTICIPANTS KNOWN? YES NO  | HAS ALL RELEVANT HEALTH AND SAFETY INFORMATION BEEN RECEIVED FROM EXTERNAL SERVICE PROVIDERS? YES NO  |
| ARE INSURANCE ARRANGEMENTS ADEQUATE? YES NO  | IF MINIBUSES ARE TO BE USED DO ALL DRIVERS SATISFY UNIVERSITY AND LEGAL REQUIREMENTS? YES NO  |
| IF EXTERNAL PROVIDERS ARE USED, HAS THE PUBLIC LIABILITY INSURANCE BEEN CHECKED AS VALID AND ADEQUATE (£5m minimum): YES NO  | DATE OF ASSESSMENT: | COPY TO SCHOOL SAFETY OFFICER?YES NO  |
| ADDITIONAL COMMENTS |  |

ACTIVITY RISK ASSESSMENT:

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD** | **WHO MIGHT BE HARMED?** | **IS THE RISK ADEQUATELY CONTROLLED?** | **WHAT FURTHER ACTION IS NECESSARY TO CONTROL THE RISK?** |
| Identify the hazards which could reasonably be expected to result in significant harm | Identify individuals or groups of people doing similar activities or sharing the location who might be affected by the activities | Have you already taken precautions against the risks from the hazards you have listed e.g. adequate information, training and safe work systems? Do the precautions meet legal standards, represent good practice, reduce risk as far as reasonably practical. If so list the precautions in place. | What more can you reasonably do to mitigate those risks which you found were not adequately covered? Try thinking along the following lines:* Remove the risk completely
* Suggest a less risky option
* Prevent access to the hazard
* Organise work to reduce exposure to the hazard
* Obtain protective equipment .
 |
| LIST HAZARDS BELOW: | LIST PEOPLE AT RISK FROM IDENTIFIED HAZARDS: | LIST EXISTING CONTROLS OR NOTE WHERE SAFETY INFORMATION MAY BE FOUND | LIST THE RISKS WHICH ARE NOT ADEQUATELY CONTROLLED AND THE ACTION/S YOU WILL TAKE WHERE IT IS REASONABLY PRACTICAL TO DO MORE |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

CONTINUE OVER IF NECESSARY

ACTIVITY RISK ASSESSMENT – OTHER CONTROL MEASURES

|  |
| --- |
| REQUIREMENTS ARISING FROM RISK ASSESSMENT |
| **LIST ANY SAFETY EQUIPMENT (BOTH DEPARTMENTAL AND PERSONAL) THAT MIGHT BE REQUIRED**  |  |
| **LIST ANY RELEVANT DOCUMENTS OR INFORMATION REQUIRED**  |  |
| **LIST ANY TRAINING NEEDS**  |  |
| **IDENTIFY FIRST AID REQUIREMENTS AND FIRST AID KITS (NUMBERS AND ANY SPECIAL REQUIREMENTS)****Check with external providers whether they are providing first aid cover for the event.** |  |

|  |
| --- |
| CONTINGENCY PLANS AND EMERGENCY PROCEDURES – List any specific procedures, particularly if activity is not held on premises that participants are familiar with. External providers should have arrangements for dealing with emergencies.  |
|  |

|  |
| --- |
| ACTIVITY SAFETY DOCUMENTATION |
| HAVE ALL PARTICIPANTS BEEN ISSUED WITH RELEVANT HEALTH AND SAFETY INFORMATION RELATING TO THE ACTIVITY? YES NO  |  |