

School Trip Risk Assessment Form



Organisation:		Trip Leader:	
Trip Venue: (Plus description of activities)		Date(s) of Trip:	
Assessor: (Signature)		Date Assessment Completed:	
Checked By: (Signature)		Date Assessment Checked:	

Significant Hazards List what could cause harm	Who Might be Harmed e.g. staff, children, certain groups	Likelihood of Harm Remote, Very Unlikely, Unlikely, Possible, Very Likely	Control Measures How will the risk be minimised?	Residual Risk After controls are implemented, (Remote to Very Likely scale)

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