Grand Avenue Primary and Nursery School

Risk Assessment

Visit to

Full Address –

Group leader –

Deputy leader –

Contact number –

Date /time of visit –

Year group/age of children –

Number of children (male/female) -

Staff attending – (male/female)

Ratio of Adults to children - 1:8, 1 child 1:1

**Travel arrangements (including name and contact details of company)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Who is at risk?** | **Controls** | **Further Action needed** | **Level of risk**  **(High, Med, Low)** |
| **TRAVEL**  .  **ON SITE OF VISIT**  . |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Medical condition** | **Name of child** | **Action/Medication** |
|  |  |  |