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| **Risk Assessment**  **Guidance: Severity = how bad could this be if it happened? Probability = how likely is it that this will happen?** | | | | | |
| **Risk Assessment completed by**  **Group Name** | | | | **Date of Activity** | **Date risk assessment completed** |
| **Title of Activity** | **Who could be affected** | **Severity**  **(Low Med High)** | **Probability**  **(Low Med High)** | **Risk Rating**  **1,2 or 3 (3 = Highest risk)** | **How we will control the risk** |
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| **Risk Assessment approved by Cranbrook Community Association on (date )**  **Signed below by CCA Risk Assessor Signed below by Group contact person and tel no.** | | | | | |

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| **Please use this space to add any detailed information you feel may be relevant to the Risk Assessment for your Event** |