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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** |