

Risk Management Register



Service User – (School or Group):	Senior Staff:
Camp Leader(s)	Ratio:
Location or site:	Dates:

Risk Assessment (Activity)	Management & Controls	Risk Rating			Treatment Priorities	Treatment Plan
Describe the activity and potential risks and consequences	Describe policies and interventions for risk management (risk minimization strategies)	Effectiveness of current controls and measures	Potential Risk Outcomes	Risk Potential	Incident management and priority	In the event of an incident list treatment interventions: <ul style="list-style-type: none"> What would be implemented? Who is responsible? When likely to occur?
		(Circle one only)	(Circle one only)	(Circle one only)	(Circle one only)	
		Satisfactory	High	Likely	High	
		Poor	Moderate	Unlikely	Medium	
		Unknown	Minor	Rare	Low	
		Satisfactory	High	Likely	High	
		Poor	Moderate	Unlikely	Medium	
		Unknown	Minor	Rare	Low	
		Satisfactory	High	Likely	High	
		Poor	Moderate	Unlikely	Medium	
		Unknown	Minor	Rare	Low	

*Use risk management policy and procedure documents to assist with completing forms.

Person completing this form:

Name:

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Consequences	Major / High Risk	(Epileptic or asthma etc)		
	Moderate Risk		(Falling over)	
	Minor Risk	(Dust in eyes)	(Graze etc)	
		Unlikely	Likely	Almost certain
Potential – (treat or monitor)				

Treat	Monitor
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Signature:

Date: