**FORM 10 RISK ASSESSMENT FORM**

**Church / Chapel ……………………………………………………………………………………………………………………………**

**Activity to be assessed –brief description**

**Risk associated with the activity**

**High Low or Medium risk**

**Who is at Risk? (Members of the public, children, vulnerable adults, members of staff etc.**

**Current measures to control the risk**

**Further action necessary**

**Date assessment done ………………………………………….Date due for monitoring ………………………………….**

**Name ………………………………………………………………Signature…..............................................................**

*It is advisable to review a Risk Assessment when necessary, or at least annually*

See also guidelines appendix 4