

Health and Safety in the School Garden

Blank Risk Assessment Document for Schools

Hazard	Risk	Who is at Risk	Controls in Place/Action Required	Check by Ticking

Hazard	Risk	Who is at Risk	Controls in Place/Action Required	Check by Ticking

Emergency Contact Details

Nearest Hospital and phone number	Names of appointed first aiders	Directions to phone which is nearest to the garden area and how to get external line	School Office Contact Number (If phoning from a mobile)

Site and Activity Risk Assessment Form

School Name:

<u>Date</u>	<u>Area to be worked in</u>	<u>Project Leader Name and Signature</u>
<u>Activity</u>	<u>Weather Conditions</u>	<u>Site Conditions</u>
<u>Animal Mess</u>	<u>Dangerous Litter</u>	<u>Any vulnerable Learners?</u>
<u>Potential Risks (Use Numbers in General Risk Assessment Document)</u>		<u>Action Required to Reduce Risks</u>

Site and Activity Risk Assessment Form

School Name: _____

<u>Date</u>	<u>Area to be worked in</u>	<u>Project Leader Name and Signature</u>
<u>Activity</u>	<u>Weather Conditions</u>	<u>Site Conditions</u>
<u>Animal Mess</u>	<u>Dangerous Litter</u>	<u>Any vulnerable Learners?</u>
<u>Potential Risks (Use Numbers in General Risk Assessment Document)</u>		<u>Action Required to Reduce Risks</u>