

Risk Assessment – Student Sport Activities – 2011/12



Club Name:		Number of persons involved	
Frequency of Activity:		Date of Assessment:	

Please list the type of activities you club will undertake this year:

What Hazards exists in these Activities?	Control Measures in Place	Risk Factor Low/Medium/High	Further Control Measures Required

Continue overleaf

What Hazards exists in these Activities?	Control Measures in Place	Risk Factor Low/Medium/High	Further Control Measures Required

Assessed by Print Name:		Signed:		Date:	
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This form must be submitted to the Student Activities Co-ordinator, Students' Union. A copy of this will be sent to the University of Bolton Health & Safety Advisor.

Received by Student Activities Co-ordinator	Date:	
Copy sent to: Health & Safety Advisor	Date:	