Risk Assessment Session Checklist
To be completed before every session

Hazard Risk High/Medium/Low	Monday	Tuesday	Wednesday	Thursday	Friday
Electric sockets					
Electrical appliances					
Windows					
Doors					
Radiators/Heating					
Kitchen					
Play materials					
Furniture/ Other equipment					
Air con/Fans					
Toilets/facilities					
Disabled access					
First aid provision/Allergy info displayed/available					
Storage					
Flooring					
Fire signs/equipment					
Exit points clear					
Outdoor Play					
Person designated to check room when leaving building (write name).					
Person responsible for parents signing children in/out (write name)					
Comments, Action, Initials of person completing Checklist					

Week Beginning _____

If you have any concerns when completing this assessment please advise the Manager immediately.

If in your opinion the setting is unsafe and the hazard cannot be controlled and the risk reduced seek support from the Manager before allowing access to the public.