

Course Risk Assessment

Most recent update: 01 April 2025

Course name		Venue address		Date of Risk Assessment	
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How often will the course/activity run? (✓)					How many people are or may be directly involved in the course/activity?	How many people are or may be directly affected by the course/activity?
Hourly	Daily	Weekly	Monthly	Other (state)		

The following hazards are associated with this course/activity (✓):

Electrical appliances		Machinery		Use of hand tools		Personal safety		Display screen equipment		Health/medical condition	
Portable equipment		Hazardous substances		Manual handling		Online safety		Slip, trip, fall		New/expectant mothers	

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Has the action been completed?

Review this Risk Assessment if circumstances change during the course, e.g. if a learner develops a medical condition, the room changes etc.

Risk assessment completed by (name):		I confirm that all outstanding actions have been completed. Signed:		Date:	
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