## **RISK ASSESSMENT**

## ANAMIFAITH

Organisation:		Name						
Date:		Date of completion, e.g. 01.01.2017						
Completee b	by:	Name of responsible person or group, e.g. 'Party Planning Committee'						
What are the risks?	Whe	o is at-risk and how?	What are your current controls?	What extra controls should you put in place?	Who is responsible for action?	When should the action be completed?	Date complete	
e.g. Slips and Trips	users m	olunteers, visitors and service- ay be injured if they trip over jects or slip on spillages.	General, regular cleaning and tidying. All areas are well lit, including stairs. No trailing leads or cables. Staff keep work areas clear.	Better cleaning in staff kitchen to protect against slips from spills. Loose carpet tile on second floor to be repaired or replaced.	All staff Caretaker	Ongoing 14/01/2017	Ongoing 12/01/2017	

Disclaimer: This document is intended purely as introductory information on the subject matter, and does not provide you with information on risk management or insurance, or advice (whether legal or financial) on which you should rely. You should always seek professional advice specific to your requirements.