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|  **Inclusion Risk Assessment Keeping me Safe** |
| **Name:**  | **DOB:**  |  |
| **Setting:**   | **Date of Assessment:**  | **Review Date:** |
| **What are the hazards?** | **What precautions are already in place?** | **What is the risk?** | **Risk rating****High****Medium****Low** | **What further actions are necessary?** |
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| **Supporting notes:** |
| **Name of Assessor:** |  | **Date:** |  |
| **Manager Signature:** |  | **Date:** |  |