

Rotary Health and Safety – Risk Assessment

Club/District Name					
Event Name		Event Date		Event Location	

What are the hazards?	Who might be harmed and how?	Current controls in place	Additional controls required	Action by who?	Action by when?	Date completed

Important Notes to be completed:

1. Are the activities of this event covered by the standard RIBI Insurance Policy?
 (see current "Insurance Guide" and current "Confirmation of Insurance - Public Liability",
 both documents are available on the RIBI website in the "Downloads Library"). **Yes / No**

If No, take action to ensure appropriate cover, i.e. consult RIBI Insurance Brokers, Bartlett & Co Ltd

2. Is a DBS check required for any aspect of the activities?
 (see current "RIBI Protection Policy" available on the RIBI website in the "Downloads Library"). **Yes / No**

Signed: _____ **Risk Assessor**

Signed: _____ **Event organiser**

Print name: _____

Print name: _____

Date: _____

Date: _____ **Review Date:** _____