|  |  |
| --- | --- |
| **Name of the Trip:** |  |
| **Day of the Trip:**  |  |

NB: It is important that the Teacher completing this form is aware that they have the responsibility to undertake this duty thoroughly and in detail, so that as many risks as possible are identified. The list of hazards on this form are by no means exhaustive nor universally applicable to all situations which is why the form is designed in a way in which it can be edited and additional hazards added or irrelevant hazards deleted. If in doubt, ask for assistance.

|  |  |
| --- | --- |
| Main Hazards: *(please add to or edit the hazards below so that they are appropriate to your Trip)* | Who may be harmed? |
| Transport / Travel | Any member of the group |
| Getting lost / separated from the group | Students |
| Road safety / Traffic | Any member of the group |
| Weather / related sickness | Any member of the group |
| Sunburn, Heatstroke, Heat Exhaustion | Any member of the group |
| Slips and Trips | Any member of the group |
| Covid infection | Any member of the group |
| Any other that may apply | Students/any member of the group |

| **Hazard** | **Possible problems / issues** | **Control measures** |
| --- | --- | --- |
| Transport / Travel |  |  |
| * Road safety
* Getting lost
* Getting separated from group
 |  |  |
| Weather relatedsickness / cold & flu, food poisoning |  |  |
| Sunburn, Heatstroke and Heat Exhaustion |  |  |
| Slips and Trips |  |  |
| Covid infection  |  |  |
| Any Other |  |  |

**I have read and understood the risk assessment above. I have undertaken to add or amend the above to suit the specific details of the trip.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Date:** |  |
| **Trip Leader Name:****Signature:** |  |