

Form – Centre Based Risk Assessment

Centre Based Assessment (This form is to be completed annually by Support Group Coordinator and forwarded to OHS Coordinator to be filed on QMS)

Staff Names:	
Volunteers Names:	
Program Location:	
Program Phone No:	
Program Days:	
Program Time:	

Is it Safe?	Yes/No/NA	Action Required
Parking - adequate on street		
Entry door - easy to open, clear of obstruction		
Appropriate Access		
Adequate Lighting		
Adequate Heating/Cooling		
Toilets		
Floor Coverings		
Other		
Equipment Check	Last Checked	Action Required
Fire Extinguisher		
Test & Tagging		
Other		

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Recommendations for Improvements

Name		Position		Date	

Community Access Assessment (This form is to be completed when taking group into the community)

Venue Name & Location:	
Date:	
Staff Names:	
Volunteers Names:	
Participants Names:	

Is it Safe?	Yes/No/NA	Action Required			
Appropriate Access/Exits					
Appropriate Toilets/Equipment					
Even Ground for mobility					
Cover for protection from weather					
Disability friendly (Toilets/parking/access)					
First Aid Kit Carried					
Name		Position		Date	