

Form - Centre Based Risk Assessment

Centre-Based Assessment (This form is to be completed annually by the Support Group Coordinator and forwarded to the General Manager 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 the 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		



Form - Centre Based Risk Assessment

Recommendations for Improvements									
Name		Position			Date				
Community Access As community)	sessment (This fo	orm is to be	completed w	hen taking	the group	into the			
Venue Name & Location:									
Date:									
Staff Names:									
Volunteers Names:									
Participants Names:									
	l								
Is it Safe?		Yes/	No/NA	Action	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									

Position

Name

Date