

Devon Memory Café Consortium Guidance Leaflet.

Risk Assessment - Template

Memory Cafe Name:		Date:		Venue: Incl post code	
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(1) Activity / Area of Con- cern	(2) Hazards Identified	(3) Persons at Risk	(4) Current Risk Factor (high, medium or low)	(5) Actions to be Taken to Minimize each Risk	(6) New Risk Factor (high, medium or low)
<u>Environment</u>					

<u>Equipment</u>					
<u>First Aid</u>					
<u>Staff/ Volunteers</u>					
<u>Food</u>					

Name of person completing Risk Assessment (printed):

Signature: Date: