National Fire Brigades Cadet Programme

Risk Assessment Form

Activity Details

Activity Name/Lesson Plan: _____

Date(s) of Activity: _____

Location: _____

Type of Activity (on-site/off-site): _____

Activity Description (brief):

_____

_____

_____

_____

Participants

Number of Cadets: _____

Number of Adult Supervisors: _____

Supervisor-to-Cadet Ratio: _____

Lead Supervisor / Person in Charge: _____

Hazard Identification and Control Measures

Identify all reasonably foreseeable hazards associated with the activity. Describe the risks and list control measures to eliminate, minimise, or manage them:

_____

_____

_____

_____

Risk Level (Low / Medium / High) *(Circle One)*

Control Measures:

_____

_____

_____

_____

Supervision and Safety Controls

Supervision arrangements (including ratios):

Personal Protective Equipment (PPE) required:

Special training or briefings required:

Emergency Planning

Nearest medical facility: _____

First aid kit available? ☐ Yes ☐ No

Are First aid trained personnel present? ☐ Yes ☐ No

Emergency contacts available? ☐ Yes ☐ No

Evacuation / emergency procedure summary: _____

Transport (if applicable)

Transport method(s): _____

Approved drivers and vehicles confirmed? ☐ Yes ☐ No

Seatbelts available for all passengers? ☐ Yes ☐ No

Transport risk controls:

_____

_____

Approval and Sign-off

I confirm that this risk assessment has been completed, and all identified risks have been appropriately managed.

Name: _____

Role: _____

Signature: _____ Date: _____