## CBU3A - Personal Risk Assessment Check List

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|---|---|
| **u3a Name:** | **Date:** |
| **Name of person completing risk assessment checklist:** | |
| **Interest Group:** | |
| **Description of Activity:** | |

This checklist is to help in the planning for an activity. This isn't an exhaustive list, so think carefully about any specific risks you may encounter. It is likely that you will need to add to this risk assessment checklist. This form can (and should) be altered to suit specific activity require ments. Where you identify a particular risk you should note the actions you will take to reduce the risk. It's important to carry out a risk assessment before the activity takes place, and you can always add to this during the activity.

| | Risk Assessment Checklist | Yes | No | N/A | If no, what actions will you take to mitigate this risk? |
|---|---|---|---|---|---|
| | What is the potential risk? | | | | |
| e.g., I have difficulty walking | I use a walking stick, and sit down for most activities | | | | I must have a seat during activities |
| I have diabetes | I monitor my blood sugar each morning or when I think I need too | | | | I manage this at home with tablets or insulin |
| I need general help from a carer | my carer supports me with participating in activities, as well as helping me to and from the bathroom | | | | when participating in events I need an extra space for my carer to join me to support me |
| I use a Wheel Chair | Blocking aisles, walkways and exit routes | | | | Ensure the Wheelchair and person is clear of aisles, walkways and exit routes but is able to participate in activities. |
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