# PUPIL RISK AUDIT and RISK ASSESSMENT Pro forma

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| **Pupils Name:** | | |  | | |
| **Year Group:** | | |  | | |
| **Audit undertaken by:** | | |  | | |
| **Describe the severity of the risk including whether risk is behavioural, physical, medical and any pre-existing medical conditions** | | | | | |
| **EVIDENCE** | | | | | |
| **Behaviour** | **When (Time of day; potential triggers)** | **Most at Risk** | | **Potential of Harm**  **(No Harm, Harm, Serious)** | **What happened** |
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Assessment completed by: Signed:

Date of assessment: Review date:

**RISK ASSESSMENT**

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| **Pupils Name:** | | | | | |  | | | | |
| **Year Group:** | | | | | |  | | | | |
| **Risk Assessment Undertaken By:** | | | | | |  | | | | |
| **Other individuals involved in writing risk assessment (parent/carer/child/AHP etc.):** | | | | | |  | | | | |
| **What health and safety hazards arise or could arise? (including trigger points, time of day they may occur, specific activities and any pattern to behaviour etc.)** | | | | | | | | | | |
| **Hazard / Risk** | **Person/s Affected** | **Risk level before controls are in place** | | | **Initial control measures** | | **New / further control measures required** | **Risk level with controls in place** | | |
|  |  | **H** | **M** | **L** |  | |  | **H** | **M** | **L** |
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| **List any activities which cannot be safely managed, as far as it is possible to foresee:** | | | | | | | | | | |

Assessment completed by: Signed:

Date of assessment: Review date:

Parent/carer Signed:

Date:

Pupil: Signed:

Date: