# PUPIL RISK AUDIT Pro forma - If further information on potential risk is required before completing the risk assessment, this risk audit can be undertaken to gather this information

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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** |
| **Hazard Identified** | **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: