**Risk Identification Report Form**

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| --- | --- | --- |
| Name |  | |
| **Circle most appropriate**  Staff Member Participate Volunteer Parent/Guardian of Participant Visitor | | |
| **Details of risk identified** | | |
| **Location** | |  |
| **Describe the nature of the risk** | |  |
| **List any ideas you have for the removal or mitigation of this risk** | |  |

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**Received by Manager**

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

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| --- |
| **Action Taken** |
|  |

|  |  |
| --- | --- |
| **Date Tabled at Committee Meeting** |  |