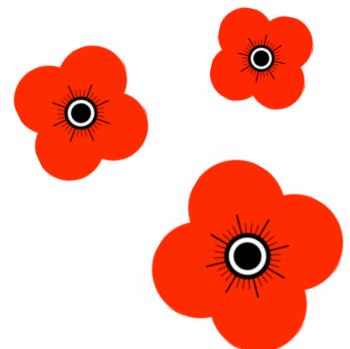


April 2008

Poppyscotland Volunteer Charter - Annex C

Isla Campbell Lupton
Volunteer Development Co-ordinator



Poppyscotland risk assessment record – part 1

For assistance with completing this form please see the Health and safety policy in the Poppyscotland Volunteer Charter

| | | | | |
|---|---------------------------|--|----------------|-------|
| Event title | | First time event <input type="checkbox"/> Repeat event <input type="checkbox"/> | | |
| Location of event Date of event |  | ..... ..... |  |  |
| Details of co-ordinator/organiser who completed this risk assessment | | Name: | ..... |  |
| | | Telephone: | ..... |  |
| | | Date of completion: | ..... |  |
| Details of participants and types of visitors (invitation or open access) (members, guests, visitors, general public) |  | ..... ..... ..... ..... |  |  |
| General description of event (outline only, attach programme if necessary) |  | ..... ..... ..... ..... |  |  |
| Public event | Police consulted | Yes <input type="checkbox"/> | Office: | ..... |
| | | No <input type="checkbox"/> | Local Officer: | ..... |
| | | | Telephone: | ..... |
| | | | Date: | ..... |
| | Local Authority consulted | Yes <input type="checkbox"/> | Office: | ..... |
| | | No <input type="checkbox"/> | Local Officer: | ..... |
| | | | Telephone: | ..... |
| | | | Date: | ..... |

| | | | | |
|--|---|---|--|---|
| <p>First aid requirements</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Company: Contact: Telephone: Fax: Local Hospital:</p> | <p>.....</p> | |
| <p>Level of staffing</p> | <p>Total number: Volunteers: Poppyscotland staff:</p> | <p>.....</p> | | |
| <p>Staff roles/jobs</p> | <p>Attach copy:</p> | | <p>.....</p> | |
| <p>Closed event Theatre, conference hall etc., owners instructions/regulations</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Attach copy</p> | | |
| <p>Adventure event Controlling body to be consulted</p> | <p>Name of organisation: Contact: Telephone: Fax:</p> | | <p>.....</p> | |
| <p>Weather conditions Is there any weather condition that would cancel the event?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | <p>If yes what are the alternative arrangements (attach details with venue or programme)</p> | |
| <p>Maximum/excessive numbers Is there a maximum number of people to be admitted?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>If yes, how many?</p> | <p>Are the balance refused entry?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Site communication</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Site telephone number: Mobile telephone number: (attach list if necessary)</p> | <p>.....</p> | |

| Action list (Step 3) | |
|-----------------------------|------------------------------|
| High Risk Hazard | Action taken (Step 4) |
| | |
| Medium Risk Hazard | Action taken (Step 4) |
| | |
| High Risk Hazard | Action taken (Step 4) |
| | |

Signed:..... Name:..... Date:.....



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