

OUTDOOR ACTIVITY RISK ASSESSMENT FORM

Program/Activity Name: _____ Location: _____ Date or Season: _____

Potential accident, injury, or other damage which may occur:	
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	People:	Equipment:	Environmental:
Potential causes for the above:			
Strategies for reducing the potential risk:			

Strategies for dealing with emergencies (including emergency contacts and access points):	
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Recommended Policies/guidelines	
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Skills needed by staff:	
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Completed by: _____ Date: _____

Approval:
FORM MUST BE APPROVED BEFORE PROGRAM/ACTIVITY CAN OCCUR