**ENSA General Risk Assessment**

Please upload this document yearly to your clubs members welfare resource pack on the [www.napierstudents.com](http://www.napierstudents.com) website.

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| --- | --- | --- | --- |
| **Club/Society Name:** |  | | |
| **Activity:** |  | | |
| **Your name:** |  | **Office holder position** |  |
| **Date of activity:** |  | **End date:** |  |
| **Start time:** |  | **End time:** |  |
| **Location:** |  | | |
| **Summary of activity:** |  | | |

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|  |  |  | **Risk Rating = Severity x Likelihood** | | **Likelihood** | | | | | | |  |  |  |
| **Potential Severity** | |  | **1** | | **2** | **3** | **4** | **5** |  | | **Likelihood** | | |
| 1 | Minor, first aid or minimal loss - treated on site |  | **Severity** | **1** | | **1** | **2** | **3** | **4** | **5** |  | | 1 | Very unlikely | |
| 2 | Minor, some damage - off site treatment required |  | **2** | | **2** | **4** | **6** | **8** | **10** |  | | 2 | Unlikely | |
| 3 | Substantial loss or damage - some hospital stay |  | **3** | | **3** | **6** | **9** | **12** | **15** |  | | 3 | Likely | |
| 4 | Long Term injury requiring rehab, major loss |  | **4** | | **4** | **8** | **12** | **16** | **20** |  | | 4 | Very Likely | |
| 5 | Catastrophic, Fatality, disablement |  | **5** | | **5** | **10** | **15** | **20** | **25** |  | | 5 | Almost certain | |

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| **Hazards Identified** | **Who/how may be harmed?** | **Existing Controls** | **Risk**  **Rating** | | | **Additional Controls**  **(If low risk none required)** | **Residual Risk** | | | **Owner**  **(Who is doing the additional control?)** |
| **S** | **L** | **SxL** | **S** | **L** | **SxL** |
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Committee Members Signature: Date:

Student Activities Coordinator Signature: Date:

Head of Student Communities & Engagement: Date: