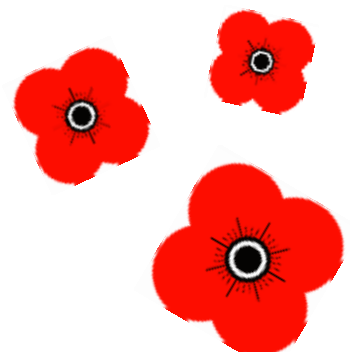




Revised October 2017

Poppyscotland Volunteer Charter - Annex C

Kate Jenkins
Volunteer Support 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"/> No <input type="checkbox"/>	Office: Local Officer: Telephone: Date:
	Local Authority consulted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Office: 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? 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>

Poppyscotland risk assessment record – part 2

Hazard	Description of hazard	Who is at risk	High	Medium	Low
Step 1		Step 2	Step 3		

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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