

RISK ANALYSIS AND MANAGEMENT ACTION PLAN

Activity:

Date:

**Staff in
Charge:**

Group:

Location:

**No. of
Volunteers:**

No. of Youth

Start Time of Event

**Finishing time
of Event:**

Identify Risks. What could go wrong?	What would cause it to go wrong?	How could we prevent it from going wrong?	Whose Responsibility is it?	When/Where will it be done?	Signature
People:					
Equipment:					
Environment & Location:					

Emergency Plan: