

RISK ASSESSMENT GUIDELINES

SCHOOL/COLLEGE _____ LEAD TEACHER _____

DATE OF VISIT _____ TIME OF VISIT _____

HAS A PRELIMINARY VISIT BEEN MADE? YES/NO

POSSIBLE HAZARDS	PLEASE TICK OR CROSS ACCORDINGLY, NOTE WHO MAY BE AFFECTED AND GIVE ANY OTHER IMPORTANT DETAILS
Getting lost on the journey	
Crossing roads	
Using escalators, lifts and stairs	
Separation from group on public transport	
Getting trapped on transport	
Being injured (including by members of the public)	
Falling or being pushed into water	
Accidental collision with a solid object	
Getting lost inside the museum	
Risk of injury during workshops, including misuse of tools	
Other	

Please take into account any students, staff or helpers with disabilities, allergies or medical conditions.
Please ensure all visitors are wearing appropriate clothing and that all belongings are taken when leaving.
Please remember to bring a first aid kit with you, as well as emergency and contact telephone numbers.

TEACHER'S SIGNATURE _____ DATE _____

HEALTH AND SAFETY CO-ORDINATOR'S SIGNATURE _____ DATE _____