|  |  |  |
| --- | --- | --- |
| **Department: Live Life Outdoors** | **RISK ASSESSMENT** |  |
| **Process/Activity:** | **Location:** | **Date:** |
| **Describe activity**: |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Person/s Affected** | **Risk** | **Risk level before controls are in place (delete as appropriate)** | | | | **Control Measures** | **Risk level after controls are in place**  **(delete as appropriate)** | | |
|  |  |  | **LOW** | | **MED** | **HIGH** |  | **LOW** | **MED** | **HIGH** |
|  |  |  | **LOW** | | **MED** | **HIGH** |  | **LOW** | **MED** | **HIGH** |
|  |  |  | **LOW** | | **MED** | **HIGH** |  | **LOW** | **MED** | **HIGH** |
|  |  |  | **LOW** | | **MED** | **HIGH** |  | **LOW** | **MED** | **HIGH** |
|  |  |  | **LOW** | | **MED** | **HIGH** |  | **LOW** | **MED** | **HIGH** |
|  |  |  | **LOW** | | **MED** | **HIGH** |  | **LOW** | **MED** | **HIGH** |
| **Document reviewed and updated.**  **Date:** | | | | *I have read the above and I am satisfied that the control measures identified have been put in place.*  *Name (Print) : Signature: Date:* | | | | | | |
| **Next review due**  **Date:** | | | | *A site specific risk assessment has been carried out for the planned activity and is appended to this document.*  *Name (Print) : Signature: Date:* | | | | | | |

**Aberdeenshire Council**

**Outdoor Activity Site/Route Specific Risk Assessments**

|  |  |  |
| --- | --- | --- |
| **Activity:** | | **Risk to:** |
| **Hazard** | **Risk** | **Control measures** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Continue on separate sheet if required.