**Risk Action Plan**

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|  |  | Date of risk review………………………... | | |
|  |  | Compiled by……………… Date…………. | | |
| **Function/activity………………………………….** | | Reviewed by……………… Date….……… | | |
|  |  |  |  |  |
| **Risk (from risk** | **Actions to treat risk** | **Person** | **Timetable for** | **Monitoring of risk** |
| **assessment)** |  | **responsible** | **implementation** |  |
|  |  |  |  |  |
| *e.g. Tripping and falling onto a hard surface* | *e.g. Remove any object that can cause slip trip or fall. Make participants aware of dangers e.g. slipping, tripping* | *e.g. John Smith (coach)* | *e.g. remove objects before sessions. Make participants aware before and during* | *e.g. Needs to be assessed before every session.* |
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