

**FORM WS2****Event Risk Assessment Form**

Seventh Day Adventist Reform Movement



The completed form should be given to your local WHS Contact.

EVENT DESCRIPTION: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

\*1 = low, 5 = high

RISK ASSESSMENT					
To what degree is there potential or emotional harm to the participant/s and/or leaders?	1	2	3	4	5
To what degree is there potential to create personal discomfort for participants or leaders?	1	2	3	4	5
To what degree is there potential for activity to become emotionally or physically out of control?	1	2	3	4	5
To what degree are the leaders confident that they know what the possible outcomes of activity might be?	1	2	3	4	5
To what degree is there potential that a leader may lose control of the activity, resulting in one or more people (or leader) being subject to trauma from others?	1	2	3	4	5

**OVERALL LEVEL OF RISK**☐ **HIGH**☐ **MEDIUM**☐ **LOW**

Yes ☐ No ☐ Does the benefit of this activity outweigh the possible risks that may be involved for the participants, leader or church?

Yes ☐ No ☐ Can the activity be modified to reduce the possible risk?

Yes ☐ No ☐ Are there critical incident and emergency procedures in place if required?

Yes ☐ No ☐ Does the ministry have suitable trained people to address critical incidents or emergencies?

Yes ☐ No ☐ Has this activity been approved by the church?

Yes ☐ No ☐ Is this activity covered by our denominational insurance?

**RISK MITIGATION**

Identify strategies or changes that can be implemented to reduce level of risk in this activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_