

**GENERAL RISK ASSESSMENT FORM**

Name/Address of Church	Assessment carried out by...	On behalf of _____ group
Date	Date for review	PCC noted on (date)

List the <b>hazards</b>	<b>Who</b> might be affected?	<b>What</b> are you currently doing to reduce risk?	What further <b>action</b> needs to be taken to reduce risk?	<b>Who</b> is responsible for taking this action? (List all who are responsible)	<b>When</b> will it be done?