



Risk Assessment Form – Part B

Blank Template

6 **Reference:**

None Required

Sign-off status

[planning/approved etc]

ACTIVITIES: What are you doing, where, for how long and who will be involved? Complete the fields in the form below).

HAZARDS & CONTROLS: How could someone become hurt or made ill and how are you going to prevent this from happening?

Activity Title: *

Kickboxing

Activity Description:

One actor kickboxing with another

List those managing this Activity and their competence:

Mandy Smith – Student – Kickboxing Champion
Bruce Wayne - Stunt Co-Ordinator, -High Competence

Who & how many are at risk from this Activity?

Two Actors

Hazards

How could someone become hurt or made ill

Accidental Kick injury to actor

[Hazard 2 title and description]

[add additional rows as required]

Control measures

How are you going to prevent this from happening?

Stunt Co-ordinators will be employed and the scene will be rehearsed thoroughly before shot.

[Details of control measures]

Risk Level*: After your controls have been applied what is your assessment of the risk level of this activity?

Medium

Add additional activities as required – by copying this section and pasting below

[* mandatory fields]

6 **Reference:** *None Required*

Sign-off status *[planning/approved etc]*

ACTIVITIES: What are you doing, where, for how long and who will be involved? Complete the fields in the form below).

HAZARDS & CONTROLS: How could someone become hurt or made ill and how are you going to prevent this from happening?

Activity Title: *	[activity 2 title]
Activity Description:	
List those managing this Activity and their competence:	
Who & how many are at risk from this Activity?	

Hazards How could someone become hurt or made ill	Control measures How are you going to prevent this from happening?
[Hazard 1 title and description]	[Details of control measures]
[Hazard 2 title and description] <i>[add additional rows as required]</i>	[Details of control measures]

Risk Level*: After your controls have been applied what is your assessment of the risk level of this activity?	High/Medium/Low (delete as applicable)
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Add additional activities as required – by copying this section and pasting below