KE Risk Action Form

Date of risk review……..
Compiled by…… Date……
Reviewed by…… Date……

Function/activity…….

Risk (from risk assessment)	Actions to treat risk	Person responsible	Timetable for implementation	Monitoring of risk
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.*