

TEESDALE DAY CLUBS

Form Number F08-2 Issue 05

Risk Check List for Trips and Outings

This risk check list is intended as a guide for assessment of Health and Safety aspects of trips and outings organised by Teesdale Day Clubs. The check list covers the most common risks and hazards. Staff are responsible for considering all aspects of Health and Safety associated with specific day trips and add these on to the form if necessary in the space provided.

The risk check list must be completed and sent to the main office at least 5 days before the trip.

Staff member in charge		Date of trip /outing	
Club / group name		Number of members going	
Destination /venue and contact details (e.g. phone number)		Number of volunteers going	
Please details what the intended activity / itinerary is for your trip			

Risk / issue	Actions taken to reduce/remove risk <i>Y or N only for those that apply</i>	Y/N
Member(s) becomes ill or has an accident	First Aid kit available or carried by CL Emergency contacts are carried by club leader or staff in charge Mobile phone carried / network available at venue Can get member home or to medical assistance quickly (back-up)	
A member has a known serious medical	Member(s) will carry their own medication Venue informed if appropriate Emergency contacts held by CL and at office	

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condition or food allergy	Drinks and sugary snacks are available and carried by CL/staff/vols Member(s) are aware that they are responsible for ordering their own food / their own dietary requirements The venue has been made aware of dietary requirements in advance	
Members are unaware of what to expect and are unprepared	CL has visited venue prior to trip and checked facilities/arrangements Members have clear information about the trip / venue Members are informed and familiar with the venue New members have been given additional information / reassurance	
Travel to the venue or event is required	Licensed / approved transport provider booked Volunteer Drivers have Business insurance and DBS checks Staff have Business Insurance in place Back-up vehicle in place (if required) Some / all members are responsible for their own travel	
Members have mobility difficulties and may be prone to slips or falls	Venue has accessible entrance(s) Venue has accessible toilet facilities Venue has provided special arrangements / adaptations Venue has plenty of room for members to move around There are sufficient staff and volunteers to assist people Volunteers or staff are assigned to specific frailer members	
Support staff or volunteers are unwell, don't turn up or are unable to attend	Cancellation arrangements have been pre-agreed with the venue / transport provider Back-up arrangements are in place if required	
Add any other trip or venue specific risk	<i>Add any other trip or venue specific mitigation or check completed</i>	

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Please list those attending the trip or outing, emergency contact number or other information required – this is a safeguard in case of illness of the lead member of staff, and to mitigate for other unforeseen circumstances – like a fire at the venue. Thank you.

MEMBER	Emergency contact details/medical notes etc	MEMBER	Emergency contact details/medical notes etc
		VOLUNTEER	Contact details etc

Form checked and signed by OCA / CCSM / SM:

Date: