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| **COVID 19 UUSU Risk Assessment – Sports Club & Society activity Specific Risk Assessment** |

**OVERVIEW**

Covid-19 has changed the world which we live in, and whilst UUSU wishes to support our students in their social and sporting activities it is important that we do this in a safe and responsible manner.

This risk assessment must be completed to assess the specific risks posed to participants of planned activities and should address the mitigations against the risk of infection, as well the general risks that comes with such activities. It should be submitted in conjunction with other documents provided to you, such as the UUSU organisational risk assessment and any National Governing Body guidance you may have.

All documentation will be reviewed before any activities are approved by UUSU.

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| **Likelihood** |  | **Impact** | | | | |
| **Insignificant (1)** | **Minor (2)** | **Moderate (3)** | **Major (4)** | **Catastrophic (5)** |
| **Certain (5)** | (5) | (10) | (15) | (20) | (25) |
| **Probable (4)** | (4) | (8) | (12) | (16) | (20) |
| **Possible (3)** | (3) | (6) | (9) | (12) | (15) |
| **Unlikely (2)** | (2) | (4) | (6) | (8) | (10) |
| **Rare (1)** | (1) | (2) | (3) | (4) | (5) |

The above us based on the calculations of risk as per the below:

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| **Rating** | **Score Range** | **Colour Code** |
| **Low** | 1-8 | Green |
| **Medium** | 9-15 | Orange |
| **High** | 16-25 | Red |

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| **RISK ASSESSMENT**  *Please read the guidelines prior to completing your risk assessment* | | | | | |
| **Building/Department/Club/Activity/Event/Area etc. Being Assessed:** | | | | **Risk Assessment Completed By:** | |
| **Job Title:** | |
| **Date of Assessment:** | |
| **Date for Review:** | |
| **Task or Activity** | **Hazard** | **Who Might be Harmed** | **Risk Level** | **Control Measures Currently in Place or Required**  **(Add any control measures/actions you feel are required)** | **New Risk Level** |
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**Contact Person during the event**

Name…………………………………………………………………………………………………………………………………………

Position/Role ………………………………………………………………………………………………………………………………

Contact Number …………………………………………………………………………………………………………………………

**This Risk Assessment has been approved by UUSU Staff member**

Name ………………………………………………………………………………………………………………………………………………

Position ………………………………………………………………………………………………………………………………………………