

Field Trip Site Visit Risk Assessment Form

Year: Total no. of students: Amount details: Destination:	Date of trip: Start Time: Expected return time: Date of Site Visit:
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CHECKLIST	YES / NO / NOT APPLICABLE	REMARKS
Public Liability		
Maintenance		
Staff Identification		
Security		
Vehicle Parking / Arrival for Drop off and Pick up		
Weather Protection/Sun Safety		
Fire Precautions /Emergency Planning Fire Safety		
Rides/Slides		
First Aid		
Eating Facilities / Food Safety		