NURSERY RISK ASSESSMENT FORM

Little Garden Gate NURSERY

1. GENERAL INFORMATION

Area Assessed: _____ Date: _____

Assessed By: _____ Review Date: _____

2. HAZARD ASSESSMENT

Use the sections below to identify hazards and control measures in place.

HAZARD IDENTIFIED	WHO MIGHT BE HARMED?	RISK LEVEL (Low / Medium / High)	CONTROL MEASURES (What is already in place?)	FURTHER ACTION NEEDED	RESPONSIBLE PERSON	REVIEW DATE
		○ Low ○ Med ○ High				
		○ Low ○ Med ○ High				
		○ Low ○ Med ○ High				
		○ Low ○ Med ○ High				
		○ Low ○ Med ○ High				

3. DAILY SAFETY CHECKLIST

Please check all items that have been completed.

- ☐ Floors clean and dry
- ☐ Toys safe and undamaged
- ☐ Furniture stable and secure
- ☐ Safety gates secured
- ☐ Outdoor area checked
- ☐ Hazardous items locked away
- ☐ Fire exits clear
- ☐ First aid kit available

4. EMERGENCY CHECKS

Please confirm the following are in place.

Fire extinguishers checked	☐ Yes	☐ No
Emergency exits accessible	☐ Yes	☐ No
First aid kit stocked	☐ Yes	☐ No

5. ADDITIONAL NOTES

_____

_____

_____

6. SIGN-OFF

Assessor Name: _____ Signature: _____

Manager Name: _____ Signature: _____

Date: _____

REMEMBER

Risk assessments should be reviewed regularly and whenever there are changes to the environment, activities or equipment.

Working together to create a safe, happy environment for every child.