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| --- | --- | --- | --- |
| **DAY TRIP RISK ASSESSMENT CHECKLIST** | | | |
| Name of person completing RA checklist: | | | |
| Interest Group: | | Date of trip: | |
| Description of Activity: | | | |
|  | RA checklist; | Yes | Comments: |
| Pre-trip Organisation: | Have all participants been notified of the travel arrangements? |  |  |
|  | | | |
| Member Safety | Have the names and contact details of all the members attending been collected and stored securely? |  |  |
|  | Have all the participants supplied the details of next of kin who can be contacted in an emergency, and stored securely? |  |  |
|  | Have all participants been made aware of the emergency procedures (such as what to do if someone is lost)? |  |  |
|  | Is there a fully stocked First Aid box which is regularly checked? |  |  |
|  | | | |
| |  |  |  | | --- | --- | --- | | Day Trip RA Checklist | Fu3a |  | | Description of changes | Date of change: | Review date: | | Original checklist | 28.04.2023 | 28.04.2024 | | | | |