



_____ Public School Risk Management Plan

Name of person/s completing plan: _____ Date: _____

Name of event: _____

Activity/location	What are the risks or hazards?	Level of risk 1 = Very Low 4 = High 2 = Low 5 = Very High 3 = Medium	Control measure (how can we eliminate or reduce the risk)

Plan approved by: _____ Date: _____