

M.F.H.A Standing Committee on Cross Country Team Chasing

SITE SPECIFIC RISK ASSESSMENT FORM

Date: _____

Venue: _____

The Site

1. Site Name or Address

.....

.....
Site Map to include Bar Area, Secretaries Tent, Vet Treatment Area, First Aid Post,
6 Figure Ordnance Survey Grid Reference number for Air Ambulance to land

2. Course Map to include all marked routes to areas of hazard (i.e. fences, public areas,
etc.). Also to show main road access and fence access.

Communications

1. Nearest Telephone

..... Telephone Number

2. Mobile Telephone Number For Return Calls

Emergency Contacts

1. Nearest Hospital.....

2. Clerk Of Course

3. Contact Address (if not same as site name)

.....

4. Clerk Of Course Telephone Number.....

5. Telephone Number for Hunt / Knackerman for casualties

Risk Assessment completed by

Name

Signed Date

HAZARD	HAZARD DETAIL	RISK GROUP	DEGREE OF RISK	PEVENTATIVE / CONTROL MEASURES IN PLACE	PREVENTATIVE/ CONTROL MEASURES TO INTRODUCE

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