



Daily Risk Assessment

Week beginning (date): _____

Before the day starts have you checked (please tick):

Indoor Areas	Mon	Tue	Wed	Thurs	Fri
Main hallway – clean/tidy, floor, lighting, trip hazards, defects					
Windows and doors – secure, no defects					
Electrics – sockets covered, no trailing wires, appliances visual check					
Play equipment – safe and free from defects					
Main home corner - safe and free from defects					
Check toys for defects					
Check furniture for safety issues					
Mobile phones secured and locked away					
No dangerous substances at children’s reach					
The second door in the hallway securely closed and working					

Outdoor Areas	Mon	Tue	Wed	Thurs	Fri
Play equipment – safe and free from defects					
Surface – check for any trip hazards or defects and cat/fox waste					
Gates – Locked and secure					
Sand Area checked for foreign objects					
Check for Litter thrown from outside					

Please note and date anything of significance, including any remedial action taken (please date):	Signature and Print Name:
	Monday:
	Tuesday:
	Wednesday:
	Thursday:
	Friday: