# Safety Assessment Form

Please complete the Safety Assessment to determine whether a Safety alert is needed.

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| **Description of the incident from the following categories:*** Assault
* Intimidating behaviour
* Wilful damage
* Direct/Indirect threat

Seriousness: High / Medium / Low | **Information source/reliability*** What is the source of the information?
* How accurate is the information?

High / Medium / Low | **When did the incident occur?*** Current (initial assessment)
* Within 3 months
* 3 to 6 months
* 6 to 12 months
* Over 12 months
 | **Steps taken to reduce risk. Is this effective?**Yes / No / Partial | **Likelihood of similar behaviour and mitigating factors**This is based on a combination of the young person’s attitude and behaviour since the event and the effectiveness of any steps that have been taken to manage the risk. Likelihood:High / Medium / Low | **Safety Assessment**Brief summary of the key factors identified in the assessment, rate the risk as either High, Medium, or Low based on the combination of those factors.Decision with any follow up/review must be agreed with your manager. |
| **Assault:** **Seriousness:**  | **Source:****Reliability:** | **When:**  | **Steps taken:****Effective:**  | **Relevant factors:****Likelihood:**  | **Summary:****Risk rating:** **Decision:** **Approved by:**  |