# 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:** |