## DAILY RISK ASSESSMENT CHECKLIST

DATE: PERSON COMPLETING CHECKS:

| ENTRANCE: | Monday | Tuesday | Wednesday | Thursday | Friday |
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| LOUNGE:   | Monday | Tuesday | Wednesday | Thursday | Friday |
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| DINNING AREA: | Monday | Tuesday | Wednesday | Thursday | Friday |
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| TOILET AREA:  | Monday | Tuesday | Wednesday | Thursday | Friday |
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| HALL/STAIRS:: | Monday | Tuesday | Wednesday | Thursday | Friday |
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| KITCHEN AREA: | Monday | Tuesday | Wednesday | Thursday | Friday |
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| CONSERVATORY:       | Monday | Tuesday | Wednesday | Thursday | Friday |
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| OUTSIDE PLAY SPACE: | Monday | Tuesday | Wednesday | Thursday | Friday |
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| Have any actions been identified from the daily check list? | YES / NO |
|---|----------|
| Please give details   |          |
|   |          |
|   |          |

| Have you reviewed your fixed risk assessment regarding the actions identified | ied from the daily check list YES/ NO |
|---|---------------------------------------|
| Please give details   |                                       |
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|   |                                       |
|   |                                       |
| Signed (Childminder):   | Print name:                           |
| Date  |                                       |