

Welfare Assessment Form for Local Action Groups

ACTIVITY TYPE:					
VOLUNTEER GROUP:		LANDOWNER/AGENT NAME:			
SITE/S NAME:		FOREST WORKS MANAGER:			
SITE/S GRID REFERENCE:		OPERATION TYPE:			
SITE/S WHAT3WORDS ADDRESS:		EXPECTED OPERATOR DAYS:			
PRIMARY WELFARE USER:		SAFE LOCATION FOR WELFARE AND MAINTENANCE OF FACILITIES: E.g. flat, off-road location, large enough for unit. (Tick relevant box)	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
WELFARE PROVIDER(S):		SAFE SITE ACCESS RISK: (Tick relevant box)	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
ENVIRONMENTAL RISK: (Tick relevant box)	<input type="checkbox"/>		SITE SECURITY RISK: (Tick relevant box)	<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
WELFARE FACILITIES REQUIRED: (Tick relevant box)	Flushing Toilet:		Changing Area		Other (give details)
	Hand Washing		Rest Area		
	Drinking Water		Shower		
JUSTIFICATION FOR ANY LOWER LEVEL OF PROVISION					