CRONDALL PRIMARY SCHOOL

RISK ASSESSMENT NO: 13

RISK ASSESSMENT FORM
School dogs

Location / Organisation / School	Insert details where assessment taking place
Crondall Primary School	
What is the Activity / Task / Procedure	Insert details of activity/task being assessed
School dogs	

Who is at Risk	Insert those at risk (eg. staff, children, public)
Staff, students, contractors and visitors	

Hazard	Insert a hazard associated with activity/task
Animal Health Ticks, fleas, roundworms etc.	
Control Measures Required	Identify control measure to manage hazard
Dogs regularly treated appropriately, annual health check and booster injections. Dogs checked weekly.	
Hazard	Insert a hazard associated with activity/task
Bites and scratches	
Control Measures Required	Identify control measure to manage hazard
Pupils instructed in handling animals and always closely supervised Dogs always on lead and with an adult Petting by invite only Very strict about dog jumping up. Very strict about dog walking etiquette	
Hazard	Insert a hazard associated with activity/task
Phobias/Fear	
Control Measures Required	Identify control measure to manage hazard
Interaction not compulsory Dogs never off lead in school assemblies and sessions	
Hazard	Insert a hazard associated with activity/task
Allergy	
Control Measures Required	Identify control measure to manage hazard
Dogs are a known hypoallergenic breed Children wash hands immediately after spending time with dogs	

Children / staff known to have allergic reactions / phobias to specific animals have restricted access.	
Hazard	Insert a hazard associated with activity/task
Hygiene/Infection	
Control Measures Required	Identify control measure to manage hazard
Adequate provision for hand washing (soap hot water) readily available. Paper towels provided rather than communal hand towels. Do not allow children to touch any part of their face with their hands before hands are washed.	

With these control measures the risk is:	Circle which of following is most applicable	
UNACCEPTABLE	**FURTHER CONTROLS REQUIRED**	**ADEQUATELY CONTROLLED**

Assessor's comments	Insert additional information as required
Name of Assessor	Tracy Harcourt
Signature of Assessor	
Date of Assessment	11.05.2026

Manager's comments	Insert additional information as required
Name of Manager/Approver	Jo Leatham
Signature of Manager/Approver	
Date of Signing	01.06.2026

Review date	**Reviewed by**	**Reviewer signature**	**Remarks**