

Nursery Premises Risk Assessment

A nursery premises assessment recording rooms, outdoor areas, access, age-related hazards, supervision controls, actions and review of changes.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This is a premises risk record, not an Ofsted inspection, safeguarding case record, child assessment or complete EYFS compliance audit. Other UK nations have different frameworks.

The Department for Education publishes the EYFS statutory frameworks for England. Providers must follow the current framework for their provider type. This premises assessment supports risk management alongside the setting's wider safeguarding and welfare arrangements.

2. Setting and scope

Setting, provider type and nation *

Applicable framework and version *

Age groups and areas assessed *

Staff consultation and relevant needs without child identifiers

Record the activities and groups considered, including feedback from staff using the area. Avoid unnecessary personal details about children.

3. Area risks

Area or activity (copy this block for each one)

Room, outdoor area or transition *

Hazard and people affected *

Physical controls and supervision arrangements *

Responsible role *

Remaining concern and further action

4. Premises checks

Access and collection arrangements reviewed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Play equipment and outdoor boundaries checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Cleaning materials and hazardous items secured * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Routes and emergency arrangements reviewed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Toileting and hygiene arrangements reviewed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

5. Review arrangements

Changes in layout, activities or occupancy requiring review

Agreed review date

Manager reviewing findings

6. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.