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| HEALTH & SAFETY RISK ASSESMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Person conducting assessment:  Christopher Holliss GSL | | | | | |
| **1st Park Street Scout Group:** | | | | | | | | | Risk Assessment No: xx | | | | | | | | | | | | | | | | | | |  | | Date 24/02/2017 | | | | | |
| Activity: St Albans Ghost Walk | | | | | | | | | Location: Various locations within St Albans Town Centre | | | | | | | | | | | | | | | | | | |  | | Person Supervising: xx | | | | | |
|  |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | |  | | | | | |
| Persons Exposed: | Leaders/Helpers: xx | | | | | | | | Section Members: xx | | | | | | Public /visitors: xx | | | | | | |
| Other: | | | | | | | | Total no. of persons at risk: xx | | | | | | | | | | | | | | | | | | | |  | | **Notes**  1. Likelihood of harm: Likely=3, possible=2, Unlikely=1  Severity of harm: Major injury=3  Notifiable occurrence=2  Minor injury=1   1. If following controls there remains a result greater than or equal to 4 in column 7, refer the assessment for a review of the controls. Further controls should be implemented to reduce the degree of risk. | | | | | |
| **HAZARDS WHICH CREATE POTENTIAL FOR HARM** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Heat | | X | |  | Electricity | | | | | |  |  | | Exhaustion/Fatigue | | | X | |  | | Cold & Hypothermia | | |  | |  | |  | |
|  | |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
| Sharp Objects | |  | |  | Fumes/Gas | | | | | |  |  | | Dehydration | | | X | |  | | Cutting (sawing etc) | | |  | |  | |  | |
|  | |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |  | |
| Bed Wetting | |  | |  | Water (ie Weils) | | | | | |  |  | | Manual Handling | | |  | |  | | Falling objects | | |  | |  | |  | |
|  | |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| Adverse Weather | | X | |  | Abrasion | | | | | | X |  | | Noise >75db | | |  | |  | | Flying particles | | |  | |  | |
|  | |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| Slips/Trips/Falls | | X | |  | Collision | | | | | | X |  | Burns | | |  | |  | | Chemicals/Substances | | |  | |  | |  | |  | | | | | |
|  | |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |
| Falls from level (ground) | | X | |  | Ingestion | | | | | |  |  | | Lighting Levels | | | X | |  | | Sickness | | |  | |  | |
|  | |  | |  |  | | | | | |  |  | |  | | |  | |  | |  | | |  | |  | |
| Coach None Arrival | |  | |  | Vehicular Crash | | | | | |  |  | | Vehicular impact | | | X | |  | | Travel Delays | | |  | |  | |
|  | |  | |  |  | | | | | |  |  | |  | | |  | |  | |  | | |  | |  | |
| Medical condition as stated on medical form | |  | |  | Cross Contamination  (Food) | | | | | |  |  | | Anaphylaxis  Reaction | | |  | |  | | Spare | | |  | |  | |
| Other (specify): …………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The above list is not exhaustive. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **HAZARD** | | | 1 | | | | 2 | | | 3 | | | | 4 | | | | | | | | | | | | | | | | | 5 | 6 | 7 | 8 | |
| Factors of Harm | | | | | | | Risk  Multiple of columns 1 × 2 | | | | CONTROL MEASURES | | | | | | | | | | | | | | | | | Likelihood  See note 1 | Severity  See note 1 | Residual risk  Multiple of columns 5 × 6 | Control measures implemented by (name) | |
| Likelihood see note 1 | | | | Severity see note 1 | | |
| Heat | | | 3 | | | | 3 | | | **9** | | | | Confirm booking 24hrs before pick up have emergency company number and coach driver’s mobile number. | | | | | | | | | | | | | | | | | 1 | 1 | 1 | Leader | |
| Adverse Weather | | |  | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  |  |  |  | |
| Slips/Trips/Falls | | |  | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  |  |  |  | |
| Slips/Trips/Falls | | |  | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  |  |  |  | |
| Falls from level (ground) | | |  | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  |  |  |  | |

HEALTH & SAFETY RISK ASSESMENT Cont. 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HAZARD** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Factors of Harm | | Risk  Multiple of columns 1 × 2 | CONTROL MEASURES | Likelihood  See note 1 | Severity  See note 1 | Residual risk  Multiple of columns 5 × 6 | Control measures implemented by (name) |
| Likelihood see note 1 | Severity see note 1 |
| Exhaustion/Fatigue |  |  |  |  |  |  |  |  |
| Dehydration |  |  |  |  |  |  |  |  |
| Lighting Levels |  |  |  |  |  |  |  |  |
| Vehicular impact |  |  |  |  |  |  |  |  |
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