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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=11. 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) |  |  | AnaphylaxisReaction |  |  | Spare |  |  |
| Other (specify): …………………………………………………………………………………………………………………. |
| The above list is not exhaustive. |  |
| **HAZARD** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Factors of Harm | RiskMultiple of columns 1 × 2 | CONTROL MEASURES | LikelihoodSee note 1 | SeveritySee note 1 | Residual riskMultiple 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

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| **HAZARD** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Factors of Harm | RiskMultiple of columns 1 × 2 | CONTROL MEASURES | LikelihoodSee note 1 | SeveritySee note 1 | Residual riskMultiple 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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