|  |  |  |
| --- | --- | --- |
| HEALTH & SAFETY RISK ASSESMENT |  | Person conducting assessment: Christopher Holliss GSL |
| **1st Park Street Scout Group:**  | Risk Assessment No: 007 |  | Date 24/02/2017 |
| Activity: Indoor & Outdoor Jumping Games | Location: Park Street Scout HQ |  | 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 |  |  | Electricity |  |  | Exhaustion/Fatigue |  |  | Cold & Hypothermia |  |  |  |
|  |  |  |  |  |  |
| Sharp Objects | X |  | Fumes/Gas |  |  | Dehydration |  |  | Cutting (sawing etc) |  |  |  |
|  |  |  |  |  |  |
| Bed Wetting |  |  | Water (ie Weils) |  |  | Manual Handling |  |  | Falling objects |  |  |  |
|  |  |  |  |  |
| Adverse Weather |  |  | Abrasion |  |  | Noise >75db |  |  | Flying particles |  |  |
|  |  |  |  |  |
| Slips/Trips/Falls | X |  | Collision |  |  | Burns |  |  | Chemicals/Substances |  |  |  |  |
|  |  |  |  |  |  |  |
| Falls from level (ground) |  |  | Ingestion |  |  | Lighting Levels |  |  | Sickness |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Coach None Arrival  |  |  | Vehicular Crash |  |  | Vehicular impact |  |  | 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 |
| Sharp Objects | 3 | 1 | 3 | Make sure the floor has been checked for obstructions both indoor and outdoor. | 2 | 1 | 2 | Leaders &Patrol Leaders |
| Slips/Trips/Falls | 3 | 1 | 3 | If jumping over a rope or other equipment try to keep the speed down or if mats available to use these. | 2 | 1 | 2 | As Above |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

HEALTH & SAFETY RISK ASSESMENT Cont. 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |