

RISK ASSESSMENT FORM

Form RA24

Assessment No: RA25	Location / Dept: On site	Further assessments required: Fire <input type="checkbox"/> COSHH <input type="checkbox"/> Manual Handling <input type="checkbox"/> Display Screen Equipment <input type="checkbox"/> Nursing and Expectant Mothers <input type="checkbox"/> Young Persons <input type="checkbox"/>	Persons involved in or affected by the task: Employees <input type="checkbox"/> Visitors <input type="checkbox"/> Contractors <input type="checkbox"/> Members of the public <input checked="" type="checkbox"/> Others <input type="checkbox"/>	Special Groups: (Where individual assessments will be required) Nursing and Expectant Mothers <input type="checkbox"/> Young Persons <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Service Users <input type="checkbox"/>
Assessment Date: 30/7/09	Assessor's Name: Jayne Jowett			
Task / Activity / Area Assessed: Army Mobile Assault course which is provided by the army for the Brackla Festival. The course is inflatable; consists of 5 pieces that fix together; is approx. 10m x 10m. It is available for 11 years old & above. Supervised by four trained army personnel at all times and involves going over & under & through obstacles. No accidents have thus far occurred during its use.				

Hazards Identified	Worst Case Outcome	Current Control Measures in Place	Likelihood	Score	Rating
Slips / trips / falls resulting in cuts; bruising; unconsciousness & broken limbs	8 Severe inj	Supervised by trained staff at all times. Age range monitored. Instruction provided prior to customer attempting the course. Number of people on the course at any one time is restricted. Army have their own liability insurance.	2	16	low

Worst Case Outcome

Likelihood given precautions in place

10	8	5	3	1		10	8	5	2	1
Fatality	Severe injury	Lost time injury	Minor injury	No injury		Certain / imminent	Very likely	Likely	Unlikely	Remote

Risk Rating Table		
High 50-100	Medium 20-49	Low 1-19

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Action required (note any temporary action / control measures required):	Action Review Date	Action Completed (Name and title) / Date
Further actions that may require longer term consideration:	Action Review Date	Action Completed (Name and title) / Date

If any issues are outstanding from the 'Action Review' date, detail the reasons:

Signature:

Date: 30/07/09

Assessment Review Date (as required): 30/07/10

Assessment Review Date (as required):

New risk assessment required: No

New risk assessment required: No

Completed by (Name): Jayne Jowett

Completed by (Name):

Signature: Jayne Jowett

Signature:

