|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment**Date | Insert Date Completed | **Review Date****(To be within 12 Months)** |  1 Year from orginated date |
| **Work Area** |   |
|  **Reason for Assessment (Tick appropriate boxes)** |   |   |   |   |
|  Initial Assessment  |   |  Periodic Review  |  | Change of Equipment |  |   |
|  Change of Work Process  |   |  Change of Personnel  |   | Abnormal Activity  |  |   |
|  Relocation  |   |  After an Accident / Incident  |   | Other |  |   |
| **Brief Description of Assessment:** Complete brief description  |
| **Assessor(s):**Insert Name |
|  **Hazard** = Something with the potential to cause harm. **Risk** = The likelihood of a hazard causing harm & its associated severity.**‘Concentrate on the significant, ignore the trivial’** |
| **Part 1 – Hazard Identification** |
| **1. General Description of the Work Area** | **Associated Hazards**  |
| Organised walks for general public in MK parks using leisure routes and Redways.  | Slips, trips and fallsWeatherCar Parking |

|  |  |
| --- | --- |
| **2. Plant, Equipment and Vehicles in or adjacent to the work area** | **Associated Hazards** |
|  |  |

|  |  |
| --- | --- |
| **3. METHOD STATEMENT****Description of the task / process to be carried out (step-by-step tasks). This section should describe exactly how the work will be done and by whom** | **Associated Hazards** |
|  |  |

Assessors Signature(s)

ALL Those involved in making the Risk Assessment to sign

**Part 2 - Detailed Assessment of Risks**

| **Hazard.** **Potential harm and how caused** (List all hazards identified in part 1) | **Persons likely to be affected** | **Existing Control Measures.**(Describe all existing measures taken to reduce risk) | **Risk Rating.**(See Table 1) | **Action required to reduce / control risk.**(Further improvements that could be made to the control measures. To be agreed with relevant manager & H&S Advisor) | **Corrective Action Number**(If further control measures are required) | **Residual Risk Rating**(After further actions) |
| --- | --- | --- | --- | --- | --- | --- |
| Slips, trips and falls | Participants,Volunteers, Walk leadersOther Park Users | Check site risk assessment and plan walk to avoid extreme uneven surfaces and known hazards.Walk recced prior to event day. Participants are adequately clothed and have suitable footwear.Inform of any known hazards including surfaces at pre-walk briefing.Participants advised of other parks users and their activities.Walk leader has a first aid kit on them throughout the walk.Emergency contact collated on participant register. | 2x1=2LOW |  |  |  |
| Losing participants | Participants,Volunteers, Walk leaders | Ensure there is a back up person who is familiar with the route.Leader and back up person carry a map of the walk showing route, short cuts and emergency accesses and be equipped with mobile telephones.Back marker briefed to keep group together.Re-group regularly to ensure everyone is present. | 2X1=2LOW |  |  |  |
| Weather conditions | Participants,Volunteers, Walk leaders | Check weather forecast if conditions demand.Give consideration to weather conditions, advising that appropriate clothing and footwear is worn.Abort activity in severe weather. | 3x1=3LOW |  |  |  |
| Health related problems | VolunteersParticipants | Those with health concerns advised to consult with their doctors before taking part. Emergency contact collated on participant register. | 2x2=4MEDIUM |  |  |  |
| Inadequate first aid provision | Participants,Volunteers, Walk leaders | Ensure there is a working mobile telephone, trained first aider and a stocked first aid box where possible.Advise participants to bring own water provision.Staff and volunteers to be familiar with emergency procedures.Identify vulnerable individual’s and provide additional support. | 1X3=3LOW |  |  |  |
| Car parking | Participants,Volunteers, Walk leadersOther Park Users | Prepare for adequate parking when choosing locations.Arrange for group to congregate off car park. | 2X1=2LOW |  |  |  |

**Part 2 - Detailed Assessment of Risks**

**Table 1. Risk Rating**

Risk rating = Severity x Likelihood

|  |  |
| --- | --- |
| **Risk Assessment** | **Severity (S)**[Severity] & [Extent] |
| Slightly Harmful[Minor injury / illness, first aid treatment, minor equipment damage][Affecting only one person](1) | Harmful[Serious injury / illness, hospitalisation, equipment damage](2) | Extremely Harmful[Fatality, loss of limb, permanent disability, equipment destroyed][Several persons affected](3) |
| **Likelihood (L)**[Exposure to Hazard][Occurrence of Hazard][Possibility of Avoidance] | Very Unlikely (1)[Minimal interaction][Remote possibility][Easily avoidable] | Low (1) | Low(2) | Low (3) |
| Unlikely (2)[Much interaction][More likely][Some possibility to avoid] | Low (2) | Medium(4) | Medium (6) |
| Likely (3)[Intensive interaction][Quite likely][Little possibility of avoidance] | Low (3) | Medium (6) | High(9) |

1 – 3 Tolerable Risk Monitor regularly to ensure that the risk does not grow.

4 – 6 Moderate Risk Potentially serious. Long term issues anticipated. Plan ahead.

9 High Risk – Intolerable **ACT NOW.**

**Part 3 - Review**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category No:** | **1** Regular (24 monthly) review  | **2** Result of accident | **3** Result of near miss | **4** Change of process | **5** Change of location | **6** Personnel change |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | **Category No** | **Assessors/s** | **Comments** | **Action Required** | **Date Closed** |
|  |  |  |  |  |  |
|  |  |  |   |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part 4 - Briefing Sheet**

Use this sheet to record persons whom have been briefed on the contents of this risk assessment.

|  |  |
| --- | --- |
| **RISK ASSESSMENT BRIEFING GIVEN BY:**  |  |

|  |  |  |
| --- | --- | --- |
| **DATE** | **NAME** | **SIGNATURE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |