

Risk Assessment & Action Strategy

Plant Description	Basketball rings	Date of Assessment: Reviewed January 2012
Location	Front of dining room on the right and behind room 3	Assessor/s Geoff Caldwell

<input type="checkbox"/> Camp Wilkin Baptist Centre	<input type="checkbox"/> Burnside Camp	(A) This equipment MUST only be used by externally certified personnel. (Extensive proven prior experience/learning may be acceptable) (B) Formal in-house training is required before using this equipment (C) Safe Operating Procedures (SOP's) must be read, adhered to by all users of this equipment
<input checked="" type="checkbox"/> Halls Gap Baptist Centre...	<input type="checkbox"/> Other..... Name	

HAZARD TYPE	HAZARD		INITIAL HAZARD LEVEL	INITIAL COMMENTS	ACTION/STRATEGY IMPLEMENTED			FINAL HAZARD LEVEL
	Yes	No			A	B	C	
Entanglement/Entrapment ie -loose clothing	X		16	Clothing caught on ring net.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Crushing ie rollover, press or vice	X		16	Person landing on someone else.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Cutting	X		8	Getting caught in net then hitting the ground.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Stabbing Shearing Puncture	X		8	Fall over onto net hit the ground	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Confined Space/Suffocation ie vessels pits tanks		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Friction		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Striking ie Impact injuries			8	Falling and hitting head on ground	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	4
High Pressure liquid/fluid ie gas bottles, hydraulic lines, fuel lines		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Electrical ie power-points, cables, plugs,leads		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Radiation Exposure ie UV rays welding etc	X		16	Basketball rings outdoors.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8
Slip - Trip - Fall	X		16	Falling off trampoline,	A YES <input type="checkbox"/> NO <input type="checkbox"/>			8

ie from heights and ladders				tripping/slipping on mat. Slip getting on to trampoline	B YES <input type="checkbox"/> NO <input type="checkbox"/>	supervised usage. Take care entering trampoline		
				C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
Manual Handling/ Ergonomics ie sitting height, standing distance repetitive actions		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Biological ie Heb B, Aids Blood		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Flora and Fauna Hazards		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Thermal Comfort ie (hot cold)	X		16	Exposure to elements.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	Use sunscreen, wear appropriate clothing.	8	
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Drowning/ Near Drowning		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Chemical ie hazardous goods/liquid spills		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Mist Dust Vapour Fumes		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Mechanical Breakdown		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Structural Failure ie metal fatigued	X		8	Tiber or Steel breaking	A YES <input type="checkbox"/> NO <input type="checkbox"/>	To be checked at the start of each camp, also before each use.	4	
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Gas Escape ie punctured lines, refrigeration, services, pilot-light. Faulty thermocouple		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
House keeping ie clear dry, workspace		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Other	X				A YES <input type="checkbox"/> NO <input type="checkbox"/>			
					B YES <input type="checkbox"/> NO <input type="checkbox"/>			
					C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

Further Requirements	By When	By Who	Completed	Signed
SITE 1 - Equipment approved for use YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Position	Name	Signature	Date / /