

Activity description & Location: Orienteering - Grounds

- Use:**
- A** Must be operated by Baptist Camping Victoria qualified staff
 - B** In house training at Baptist Camping Victoria required before using this equipment
 - C** Safe operating procedures must be read and adhered to by all users of this equipment
 - D** Does not apply

Use rating: **C**

(see guide opposite)



	Initial Matrix Level	Comments (when and where hazard is present)	Control Description (Current & proposed)	Revised Matrix Level
Activity/Task Hazard Identification				
Is there potential for?				
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Being cut or stabbed <input type="checkbox"/> Struck, crushed or entangled <input type="checkbox"/> Electric Shock <input type="checkbox"/> Manual Handling/ergonomics <input type="checkbox"/> Infectious agents or materials <input checked="" type="checkbox"/> Slip, trip, Fall <input type="checkbox"/> Other factors – specify: _____ 	L	Falling, slipping whilst walking, accident on marker, clipboard	Clear instructions on equipment use, do not do activity in excessive weather conditions, ensure markers are not sharp. Monitor participants.	L
	L			L
Workplace Conditions Hazard Identification				
Is there potential for?				
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Extremes of temperature <input type="checkbox"/> High wind or humidity <input type="checkbox"/> Inadequate light <input type="checkbox"/> Dust, fumes or vapours <input checked="" type="checkbox"/> Exposure to UV or other radiation <input type="checkbox"/> Emergency situations <input checked="" type="checkbox"/> Other factors – specify: <u>Flora & Fauna</u> 	L	Exposure to the elements	Wear appropriate clothing	L
	L	Sunburn	Slip, slop, slap	L
	L	Snakes, spiders, ants, bees	Reduction by instruction. No touch. First aid and CPR available if bitten	L
Environmental Aspects Hazard Identification				
Is there potential for?				
<ul style="list-style-type: none"> <input type="checkbox"/> Energy consumption <input type="checkbox"/> Nuisance noise <input type="checkbox"/> Dust <input type="checkbox"/> Water consumption <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Hazardous emissions <input type="checkbox"/> Other factors – specify: _____ 				

Comments/controls yet to happen: _____